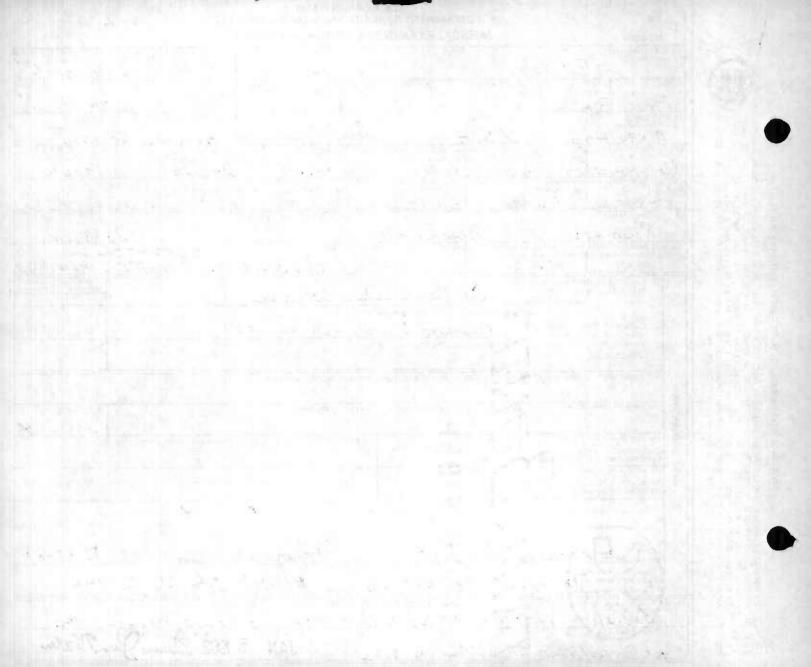
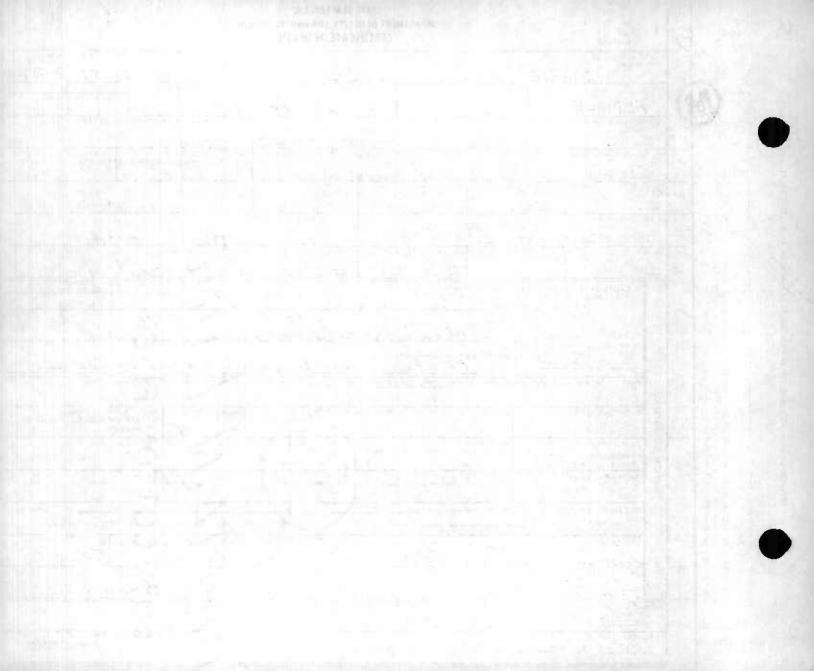
1	De 1	1	FOR			TATE OF A	ARYLAND	VGIENE	1 3 3	5 0 1	8
P	90		STATE REGISTRAR	ME			ERTIFICATE O		REG. NO.		}
	-	1. DE	CEASED NAME FIRST	Ť	WIDDLE	10.00	LAST	20. DATE	KNOWN Y WONTH	DAY YEAR 26 HOU	R
	Same and	(1117		liam	S	Ad	dams	OF DEATH	STI-	12 19 81	M
	到是	3. SEX		5. DATE OF BIRTH	YEAR LAST B	IN YEARS IF UN	DER TYR. IF UNDER	24 HRS. 2c. DAT	INCED .	DAY YEAR 24 HOU	5
	A DON'S		ale Black	7 19		YRS.		DEA	D 12	12 1981	W
-	PRES AMITHI	80	RTHPLACE (STATE OR REIGN COUNTRY)		S. A		ED NEVER MARRIE	ED LA	MORE CITY OR COUN		
	S S S S S S S S S S S S S S S S S S S		JY OR TOWN OF DEATH		SPITAL, NURSING H	OME, OR OTH			OWARD Count	126. KIND OF BUSINESS	D.
	DELAY IS NE TO THE FUI N PAGE 5 1 BE FILED W	1	Toward, Co	U.S. I-9	FACILITY, GIVE STREET ADDR		of jung-	POSTA!	CARRIER	GOOT.	
102	この言句の		AL RESIDENCE   # IN NURSING HE TATE 136 CC	ME OR OTHER INSTITUTION, O		MISSION) F		13e STREET ADD	PESS .		
0.21201	SECOND STANS		Md.		BALTE	)	YES NO	3600	Edgeiva	od.	_
E. MD.	A SENT	) )	ATHER'S NAME FIRST	MIDDLE A	dans car	. 4.8	15. MOTHER'S MAIDE MATTI		MIDDLE	LAST	
MOR	2000 X	16a. V	VAS DECEASED EVER IN U.S.		166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRESS	GLVS-1	-
ALTI	MES AFTER GIVE I WITH FE	I Y	ES, NO, OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	217-66-	6307	MRS, MAE	Adams	3 600 Ed	rewood	
	NURS 18. C		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	r anly one cause per lin				11(3) 00 3		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
NO	N N N N N N N N N N N N N N N N N N N			DIATE CAUSE (o)			/ to head				
TSE	ITHIN 24 H CIL IN ITEM NER ALCIN ANSIT PER AL HYGIEN REMOVAL	7	Conditions, if ony, wh		R AS A CONSEQUEN	ICE OF					
W. P.	MINE TRAIN OR R	-	gave rise to immedi cause (a) stating the und		R AS A CONSEQUEN	ICE OF					_
201	EXA EXA ON,		lying couse last.	(6)							
DIVISION OF VITAL RECORDS, 201	ULID BE EXECUTED WI PENDING" IN PENC EF MEDICAL EXAMI EED AS A BURIAL - TE FHEATTH AND MEI AL, CREMATION, OR I		PART 2 DINER SIGNIFICANT CONDITI	IDNS CONTRIBUTING TO DEAT	H DUT NOT RELATED TO THE	TERMINAL DISEASI	DR CONDITION GIVEN IN PAR	T 1 101			=
0	D BE EXECTED MEDICAL AS A BU CREMATI	TION	19a. DATE OF OPERATION	No.							_
Z	HIS CERTIFICATE SHOULD I WRITING THE WORD "PEN ARABED TO THE CHIEF M ACE 3 SHOULD BE USED A ATE DEPARTMENT OF HEAD 1201 PRIOR TO BURIAL, C	CERTIFICATION	196. DATE OF OPERATION	196 COND	ITION FOR WHICH O	OPERATION W	AS PERFORMED?			20 AUTOPSY?	
ř > -	WOR WOR	ERT	210. EXTERNAL CAUSE WAS		OF INJURY	21c. Hc	OW INJURY OCCURRED	D LENTER NATURE OF I	INJURY IN ITEM 18 PART 1 OR PA	YES XX NO [	-
ONO	SET SOUTH STANKE	×	UNDERLYING XXOR CONTRIBUTING CAUSE		M. MONTH DAY 1219	81 dr	iver of aut	o that I	ost control		
VISIC	TING TING 3 SH DEPA PRIC	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOA	AE, 211. LO	CATION	CITY OR T		UNTY STATE	-
٥	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PF	3	AT WORK AT WORK	**	ighway	U.S		le south	0		
	HICATE, PECATE, PECATE, PACATE, PACATE		22a. I certify that I took ch	harge of the remains de	-	on Autop	sy XX Inspection	, Inquir	, . Howard	Co., Md.	
	A HE BE BE		death resulted fram: N	latural causes .	Accident XX	Suicide	, Hamicide	Undetermined n	nanner,		
	H. W.	10	ACTUAL LANGE	mas 20	da		Assistant		DATE	12-12-81	
	ETH SHOW		SIGNATURE					MEDICAL EXA	0.00	D	-
	A SECULAR OF LANGE		(TYPE OR PRINT)	Virginia I	L. Dolan,	M.D.	ADDRESS	II Penn			
	574548	23a.B	URIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d LOCATION	cou	NTY STATE	=
1011	BP		Bunial UNERAL DIRECTOR	12-17-8	1/11	V6 M	em OK.	KANGA	0/15TOWN	March	_
1211	DHMH - 17 (VR A15 ME (5))	-1	AS. A. MORTON	ADDRES ADDRES	701 LAu	OFNE	nr/			and make	
	(VK A13 ME (3))	N	100-11.106101	+ (2013)	101 11101	EFNE	ST. UE	0 2 0 100		San	

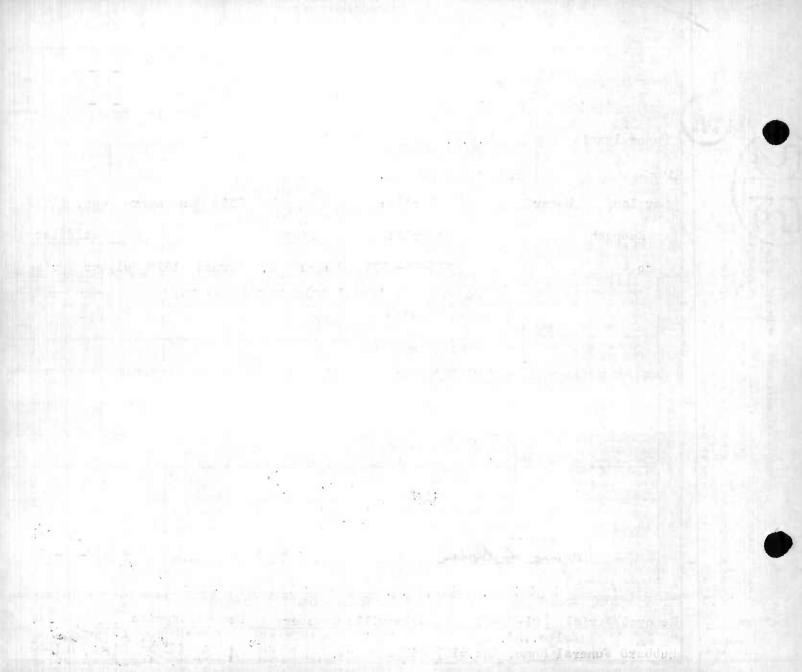
And the second second - 1516 

		STATE OF MARYLAND	- 0
11	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 2 3 0 2
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. 1	NO
	DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	
(1	(YPE OR PRINT)	DEATH MATED	1.04
3 S	EX 4. RACE	Will well	12 30 1981 6 p
	111 - 1	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 26. HOU!
_	MALE BLACK	6 15 24 57 YRS. DEAD	12 30 1981 60 AM
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
	MARYLAND	U.S.A. WIDOWED DIVORCED HOUSE	RD COUNTY ME
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILIPM, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (T	
16	NUMBIA	HOWARD OUNTY (ZENERAL HOSDITAL PRIVER	TRUCK
USI	JAL RESIDENCE (IF IN NURSING HOM	LE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	TROCK
130.	STATE 13b. COL		2. 10-0
11/	TARGIAND 17	OWARD ELLICOTT CITY YES NO 1 3682 Mt. ID.	A DRIVE, HPT. C
6	ZIST . /	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
4	11ch ARd	DIACKWEII	Nohrson
160.	WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	EMTITON DR
	yes h	1W2 2/2-20-2553 EVE/YN Black WEIL Ellie	OTT EIL MS 21043
	IL CAUSE OF DEATH (Enter	anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS CAUS	MATE CAUSE (0) CATTE TO VASCULAR COllapse	BEIWEEN ONSET AND DEATH
	4560	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which		
	gave rise to immedia cause (a) stating the unde		
	lying cause last.	and to, on his heartstate of	
1	BARY 2 OTHER CICHIELGANT CONDITION	(c)	1
z	TAKE 2 OTHER SIGNIFICANT CONDITIO	S CONTRIBUTING TO GRAIN BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196. DATE OF OPERATION		
7 5	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
<b>⊒                                    </b>			YES NO:
		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM )	8 PART 1 OR PART 2)
3	CONTRIBUTING CAUSE O		
MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (ATHOME, 21f. LOCATION	
*	WHILE AT WORK	STREET CITY OR TOWN	COUNTY STATE
	220. I certify that I took cho	rge of the remains described above, held on Autopsy . Inspection Inquiry	and in my opinion
	deoth resulted from: Not	turol couses 😾 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 Undetermined monner 🔲	
	ACTUAL DELT	TITLE (SPECIFY),	10200
-	SIGNATURE	is A Hours. M.D. Deguty MEDICAL EXAMINER	DATE SIGNED 12-30-8/
7	EXAMINER'S NAME	EVIL + Blindel	101000
-	(TYPE OR PRINT) /ho	muy 5. Herbert, MD ADDRESS Flictt City, Mu	121043
23a.	BURIAL, CREMATION, REMOVAL	CITY OR YOURS	COUNTY STATE
	BURIAL		loward, Md.
24.	FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256, REC	GISTRAN'S SIGNATURE
T	Act Funger Han	TELLINITET MAN 21043 JAN 5 1982 From	cas fan keithen



	9 %	,	1 -	STATE REGISTRAR			DEF		ICATE OF DE			6. NO.				
	' /-	1		EASED NAME	FIRST		MIDDLE		AST		20. DATE OF DEATI		DAY	YEAR	26 HOUR	
3	eoth 3	- 1	TTPE	OR PRINT)	RIE	S. (	7.	Bo	BB			12	24	81	7.40 PM	
		3	SEX			RACE		5 DATE C	FBIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS	
	MM.	н	1	EMALE		White		MONTH	2A	YEAR 48	83	YRS	MONTE	HS DAYS	HOURS MIN	
	4	Į,	BIR	THPLACE STATE OR FO			WHAT COUNT	TRY? 8	D. usus		9 BALTIMORE CIT	7 110	_	DEATH		
,	12 33	1	CO	Md.		USZ	3	WIDOWE	D NEVER MA	RCED	Harrani				AAT	
	24 2	1	0 CI1	Y OR TOWN OF DEA	ATH 1	I. NAME OF	HOSPITAL, NU	IRSING HOME	R OTHER INSTITU		Howard	ATION	11		F BUSINESS OR	
-	ed =	П	C	olumbia		100	COUNT		al Hospit	+-7	(TYPE OF WORK FOR MC			NDUSTRY		
	ours ber	į.	5UA	L RESIDENCE (IF NURS		THER INSTITUTION	I. GIVE RESIDENCE	BEFORE ADMISSION)			Ret. B.S		R	-		
	uld uld		30. S Md		Balte		Baltin		13d INSIDE CITY	LIMITS?	13e STREET ADDRE					
	sho sho	-		THER'S NAME	Daice	0.	Daill	nore	15. MOTHER'S M		8442 I.C	cn Ray	ven_	B.I.vd.		
	and		7.	FIRST		IDDLE	LAST		FIRS	ST	MIDDI			LAS	r	
•	E 0 - 10	1		ohn Allan AS DECEASED EVER			TIES SOCIALS	SECURITY NO.	Maru 17. INFORMANT		Lillian	DRESS	Cull	en		
	and c ages edica	)	(1)	S, NO OR UNKNOWN)		WAR OR DATES)										
9	F.P.		no				721-16-	-9135	Mrs. Ma	ary E.	Yingling	Same	2			
4	ysic ope vol.			18. CAUSE OF DEAT PART I. DEATH W	H (Enter anly	ane cause pe	r line for (a), (b	o, and (chil		,	1		-	BETWEEN	MATE INTERVAL ONSET AND DEATH	
21.2	on p emo			PARTI. DEATH W		CAUSE (a)	PRIDE	CHESPI	2470120	PXI	EC 1587					
	ding orbi			1519			R AS & CONSI	FOLIENCE OF	17			0	-			
֡	then then ve c ion,	om o			Canditions, if any,	which	1 100	01	THIC	ADENI	CHEC	INOISTIF C	25 STG	mil	14.	
	motion ritro	П		gove rise to imr	nediate	1	7		1			7 012	7.22		1	
01	se re cre	-1		underlying cause		DUE 10-9	CONSI	RONOUN	CED (B)	OF PE	J. LIENNE	DHO	ar	SEE	VE )	
es th	pleo prol	-		PART 2. OTHER SIGN	VIEIC ANT CO	ONDITIONS C	ONTRIBUTING			7			GIVENIA	NI DART 1/		
doil	sign hen ro bu		z I	PART 2. OTTER SIGI	AILICAIAL CO	DIADITIONS C	ONTRIBOTINO	TO DEATH BUT	NO! KELATED TO	O INC TERMI	INAL DISEASE OR C	ONDITION	314 614 11	IN PART I	1	
v re	wit. T	+	CERTIFICATION	190 DATE OF OPERA	TION	119h COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORM	AFD	20g AUTOPSY?	70h IF	YES. WE	ERE FINDIN	VGS LISED	
ò	os b perment			THE DATE OF CITCH		170 00110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HEIT OF EKANO	TY TO A CRI CRI			IN CER	RTIFYING		OF DEATH?	
P C	show show	5	- L	21a ACCIDENT WAS UNI	DEBLYING O	21b. TIME C	SE IN HURV		111. HOW/NU	IDV OCCUPPI	YES NO		YES [	]	NO 🗌	
Ž.	rtificote of-tronsit tol Hygic m 18 sho			OR CONTRIBUTING		110110 4		DAY YEAR	ZIC HOW INJU	IRT OCCURR	ED (ENTER NATURE OF	MJURY IN ITEM	18 PART 1	ORPART 2)		
2	Trice of		MEDICAL	(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P	.M.	19								
Ž.	this eby d		ᄝᅵ	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET		CITY OF	TOWN	C	OUNTY	STATE	
2	otte s th h o n rkee		۲	AT WORK NOT W	ORK				N. Carrie							
2	or o		-	22a. I certify that (I)	(this hospite	al) attended t	he deceased fr	om		19	, to		_, 19_		that (I). (we) last	
	TOP	1		sow the decease above, (I) (we) (e	ed alive on_	uiau sha baal	. altar Jaath	19, ai	nd that in (my) (or	ur) opinion d	leoth occurred on th	e date and h	naur and	d from the	couses stated	
	REC REC red rpt.			22b. SIGNATURE	ala) (ala nari	view the body	affer death.		DE GREET SHY	SCHIN	GIERING	Aline	MAN	Pan DATE	SIGNED .	
	the took			1 11		1111	- Fo	/	ATT	ENDING	MEDICAL S	TAFF		1/3/	21/01/	
	by ERA	-	9	MA PHYSICIAN'S NA	AME INVESTOR	297087	refe	r .	22e. ADDRESS	YSICIAN L	DIRECTOR PH	SICIAN		14/0	7/0/	
200	The DRT		- 1	1 3		/				1	an Ann	- 1			21227	
I C	10 0 0 ± 0					2941			47/3	LEKEL		1/12	5011	2/5-	4221	
- 1		2	3a. B!	URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CRE	EMATORY	236 LOCATION CITY OR TOWN		cour	NTY	STATE	
	BP			Burial		Dec. 2	9,1981	Loudon	Park		Baltim			N.	id_	
АН	1 - 16 50M 1/76	2		NERAL DIRECTOR	D 7-	Tm a Da	7 4 - ADDRES	& Manus	land	250. DATE	REC'D BY REGISTE	AR 25b. THE	SISTRAR	SSIGNAT	Warthen	
(VR	A 15 (4))		$L_{\epsilon}$	eomard J.	RUCK .	Inc. Ba	TTIMOT	e, mary.	and	U	CU 63 130	11 100	manifes .	1	and the same of the same of	





FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

									REG. N	0			
1. DE	CEASED NAME	FIRST	A	AIDDLE	L/	AST		20. DATE OF		MONTH	DAY	YEAR	26 HOUR
TITLE	OR PRINT)	MINNIE		M.	BI	UTLER	Bone			12	15	81	1233
3. SE	Х	- 4	RACE		S. DATE O		6	AGE (IN YE	ARS LAST BIR		IF UNI	DER 1 YEAR	IF UNDER 24 HE
	Female		Whi	ite	5 5	25	1896	8.	5	YRS	MONTH	S DAYS	HOURS MI
70 BI	RTHPLACE (STATE COUNTRY)	OR FOREIGN 7		WHAT COUNTRY?	8 MARRIED	NEVER MARI	RIED 🗆 9	BALTIMOI				DEATH	
10.0	Maryland		U.S.A		WIDOWE		CED 🗌		ward		ty		
	ity or town of b lkridge	EATH	(IF NOT IN SUCE	OSPITAL, NURSIN HFACILITY, GIVE STREET A LILTOAD A	ADDRESS)	R OTHER INSTITUT		120 USUAL C (TYPE OF WORK Homer	FOR MOST C	F WORKING		B KIND O IDUSTRY	F BUSINESS (
130 5	AL RESIDENCE (IF NO STATE aryland	136 COUNT		GIVE RESIDENCE BEFORE 130 CITY OR TOWN Elkride	N	13d. INSIDE CITY L	IMITS?	3e STREET A		road	Ave	enue	21227
14 FA	THER'S NAME		IDDLE			15. MOTHER'S MA							2-22/
	James	M	NOUTE .	Chive	ra I	FIRST Hat	tie		MIDDLE			TO	nkins
16a V	VAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT			ADDRE	SS		26	IILTIIS
(1)	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-50-9	239	Marian	L. Va	rga 2	2425	Mead	ow R	load	21222
	PART I. DEATH	WAS CAUSED	one cause per l	line far (a), (b), and	el C	a R DI	DL	EN	IFA	RIT	100	BETWEEN	MATE INTERVAL
7	Conditions, if ar gove rise to it cause (a), sta underlying cou	nmediate ting the se lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	1/3101	P	VEU	1110	111/	A		ney
	gove rise to in couse (a), sta	by, which mmediate ting the se lost.	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUE	NCE OF	A / S / L	THE TERMIN	VE W	OR CON	DITION G	A IVEN IN	PART 110	nay
	gove rise to it cause (a), sta underlying cau	y, which mmediate ting the se lost.	DUE TO, OR  (b)  DUE TO, OR  (c)  DNDITIONS CO	AS A CONSEQUE	NCE OF			200 AUTO		20b. IF Y	ES, WEF	RE FINDIN	- 200
CERTIFICATION	gove rise to in couse (o), sto underlying cou	y, which mmediate ting the see lost.  ATION  DEFRLYING  CAUSE OF ORATH	DUE TO, OR  (b)  DUE TO, OR  (c)  DIVIDITIONS CO  196 CONDIT	AS A CONSEQUE  INTRIBUTING TO D  TION FOR WHICH TO THE TRIBUTION FOR WHICH TO THE TRIBUTE TO THE	NCE OF		D	200 AUTO	PSY?	20b. IF Y	ES, WER	RE FINDIN CAUSES	GS USED OF DEATH?
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CERTIFICATION	gove rise to it couse (o), sto underlying could part 2 OTHER Sto 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE AT WORK AT WORK 220.1 certify that sow the decedabove, (1) (we sto bove, (1) (we sto	NO NOTE OF THE PROPERTY OF THE	DUE TO, OR  (b)  DUE TO, OR  (c)  DNDITIONS CO  196 CONDIT  216, TIME OF  HOUR A.A  P.A  216, PLACE C  [AT HOME STRE	AS A CONSEQUE  INTRIBUTING TO D  TION FOR WHICH IT  FINJURY  A. MONTH DA  A.  JE INJURY  GENERAL FACTORY, OFFICE, FA  deceased from	NCE OF  EATH BUT P  OPERATION  Y YEAR  19	21c. HOW INJURY 21f. LOCATION STREET  4 that in (my) (our	OCCURREI	200 AUTO YES   D (ENTER NAT	PSY?  NO URE OF INJUL  CITY OR TO	20b. IF Y IN CERT	ES, WERTIFYING YES  B PART TO	RE FINDIN CAUSES OR PART 2] OUNTY	GS USED OF DEATH? NO  STATE
CERTIFICATION	gove rise to it couse (o), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterly me 21d. INJURY OCCU while noting noting counterly that work are counterly that saw the december of the counderly counterly counter	NOTION  NOTION  NOTION  NOTION  ATION  ATION	DUE TO, OR  (b)  DUE TO, OR  (c)  DNDITIONS CO  19b CONDIT  21b. TIME OF HOUR A.A.  P.A.  21e. PLACE C  [AT HOME STREE  Wiew the body of	AS A CONSEQUE  INTRIBUTING TO D  TION FOR WHICH IT  FINJURY  A. MONTH DA  A.  JE INJURY  GENERAL FACTORY, OFFICE, FA  deceased from	NCE OF  EATH BUT P  OPERATION  Y YEAR  19	21f. HOW INJURY 21f. LOCATION STREET 4 that in (my) (our)	OCCURREI	200 AUTO YES  D (ENTER NAT	PSY?  NO UNE OF INJUIL  CITY OR TO	20b. IF Y IN CERT	ES, WERTIFYING YES  B PART TO	OUNTY	GS USED OF DEATH? NO  STATE
CERTIFICATION	gove rise to it couse (o), sto underlying could part 2 OTHER Sto 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE AT WORK AT WORK 220.1 certify that sow the decedabove, (1) (we sto bove, (1) (we sto	ATION  ATION  MDERLYING  CAUSE OF ORATH  DICAL EXAMINER  RRED  WHILE  OOR  OOR  NAME (TYPE OR I	DUE TO, OR  (b)  DUE TO, OR  (c)  DNDITIONS CO  19b CONDITIONS  21b. TIME OF HOUR A.A. P.A.  21e. PLACE C (AT HOME STRE	AS A CONSEQUE  INTRIBUTING TO D  TION FOR WHICH A  TION FOR WHICH A  A  A  DEFINITURY  THE FACTORY, OFFICE, FA  decaysed from	NCE OF  EATH BUT P  OPERATION  Y YEAR  19	21f. LOCATION STREET  2 that in (my) (our)	Y OCCURRED  9 Jopinion de	200 AUTO YES  D (ENTER NAT	PSY?  NO UNE OF INJUIL  CITY OR TO	20b. IF Y IN CERT	ES, WERTIFYING YES  B PART TO	RE FINDIN CAUSES OR PART 2] OUNTY	GS USED OF DEATH? NO  STATE

Mt. Olivet Cemetery

BAITIMORE Maryland
BY REGISTRAR'S SIGNATURE

Baltimore

12/18/81

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Buria1

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked ar them 18 shows ony injury, or other traumatic event, the

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO FUNERAL DIRECTOR: After this certificate has be

Butter a second of the contract of the contrac treat bank when it was a rest of a resident to the second The state of the s The state of the s within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital or attending physician.

	1.	FOR *			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8		3 2 5	0 5	
	11-	REGISTRAR					ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR	
	(TYPE	OR PRINT)	A MA1	RGARET		COL	EMAN	Door	when 17	3.003		
-	3 SE		Z MICH	4 RACE			DE BIRTH		ember 17,	1981 IF UNDER I YEAR	IF UNDER 24 HRS	
1		Female		Cauca	asian	Apr	11 7, 1915	66	MONTHS DAYS HOURS MIN.			
]_	7a BI	RTHPLACE ISTATE OR FO	DREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY OR COUNTY OF DEATH			
	Co	D C			JSA	MARRIE	DEVERMARRIED	Howard				
ed o	10 CI	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b KIND OF BUSINE			F BUSINESS OR	
DO	I	Dayton			loward Ro		ayton, Md		maker	G LIFE) INDUSTRY		
pe	JUSU,	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET A	DDBECC			
MIN I		aryland	How		Dayton	N	138 INSIDE CITY LIMITS? YES NO X		Howard	Road		
in in	_	ATHER'S NAME					15. MOTHER'S MAIDEN NA			itoau		
E X		John		artin	Card		Margaret		WIDDLE	Min	nick	
0		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS			
medi	0	YES, NO OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	577-01-	3867	Mr Dean R C	oleman	Dayton.	oward Ro Md 210		
ic event, th		18 CAUSE OF DEAT PART I. DEATH W		lly ane cause per D BY: 'E CAUSE (a)	CARD	IAC	ARREST	-		1.5	IMATE INTERVAL ONSET AND DEATH	
tamac		Canditions, if any,	which	DUE TO, O	R AS A BNSPOUE	721	nic /km	IT D	/sease	- 100	Isai's	
r ather tra		gave rise to immoduse lai, statin underlying cause	g the	DUE TO, O	R AS ACOUSEOUS		hue Heart	1 FAI	LURZ			
ny injury, a	CERTIFICATION	PART 2. OTHER SIGN  N SULIN  19a. DATE OF OPERA	De	pende	MY DIA	BETE	NOT RELATED TO THE TERM SMELLIMS N WAS PERFORMED	101	ONIC /	GIVEN IN PART I	nese	
Owso	TIFIC,	THE DATE OF CITERA	11014	1 10000	THO TO TO WITH CIT	OI EKATIO	The state of the s	YES 🗆		TIFYING CAUSES		
em 18 sh		21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	5111	DE INJURY M. MONTH D. M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NAT	URE OF INJURY IN ITEM	18, PART 1 OR PART 2)		
dor	MEDICAL	21d INJURY OCCUR!			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	J. 1	CITY OR TOWN	COUNTY	STATE	
orke		AT WORK AT WO	RK U			71	76	A		0/		
n 21 is m		22a. I certify that (I) saw the decease above. (It is			6 jest	31 4	nd that in (my) (accopinion	death accurred	d an the date and	haur and fram the	that (I) ( <del>moll</del> ast causes stated	
JT. If hen		allian	12;	Loller	0//n	0	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIAN	18/1.	DIC/8/	
PORTA		William William	-	ialkowsl	ki. MD		11SAHC F	FORTI	STRICK	FRED.	MD	
<u> </u>	23a. B	BURIAL, CREMATION, SPECIFY) Burial			23€ 1		EMETERY OR CREMATORY Vet Cemetery	23d. LOCA CITY OR	TION TOWN derick, F	county 'rederick	STATE Md	
	Roi	pert B Dai	bell ley &	2/3	1201 ADNES Ma Frederick	rket	St 250. DAT	E REC'D. BY RE	GISTRAR 25b. REG	SISTRAR'S SIGNAT		

DHMH - 16 60M 1/75 (VR A 15 (4))

p

A

Funeral Homes.

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fur should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.

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and the second to	e , may sea, san	de broom Tople	
LOW Street Court		161	
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Court No. 200, and the court of			
Paper 12 Egy	Party Total		
Checus Issue of server	en mein er er		
		of org.	
		Sauta a Lin	200
Correspondence in the			
	Carried a visit .		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTA
CERTIFICATE OF DEATH

2507

		RST	AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
( I a MF	Time	othy W Gale	S			December	14, 1	1981	11:06
3. SEX	X	4 RACE	E Prisay	5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	
	Male	White		March	9, 1898 YEAR	83	YRS	MONTHS DAYS	HOURS N
	IRTHPLACE (STATE OR FORE	GN 76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CIT	OR COUN	ITY OF DEATH	
Vir	ginia	U.S.A	•	WIDOWE		How	ard Co	ounty	
	Columbia	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS]	al Hospital	120. USUAL OCCUP (TYPE OF WORK FOR MO REtires	ST OF WORKING		GOV T
130 S	AL RESIDENCE (IF NURSING TATE  TATE  TATE  13b	HOME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO	13. STREET & DORES	lumbie	a Pike	
	ATHER'S NAME		LAST	T VIII	15. MOTHER'S MAIDEN NA		111111111111111111111111111111111111111		
1	ate Themus	Malas	LASI		late Ro	sa Georg	е	LA	\S1
160 V	VAS DECEASED EVER IN U		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADI	DRESS		
{}	Yes (I	WW TAR OR DATES			M's Alyce GA	Les 5505 C	olumbi	ia Bike	
	Conditions, if only, wh gove rise to immedicouse (a), stating	ote the DUE TO, OF	R AS A CONSEQUE	8	W MSUVI	D -		Y	v-,
IFICATION	Conditions, if only, wh gove rise to immedicouse (a), stoting underlying couse li	DUE TO, OF other the bost (c)	RAS A CONSEQUE	ENCE OF CA	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF Y	YES, WERE FIND TIFYING CAUSE	INGS USED S OF DEATH?
CERTIFICATION	Conditions, if only, wh gove rise to immedicause to stating underlying cause in PART 2 OTHER SIGNIFIC	DUE TO, OF one of the one of the open of t	R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH (	DEATH BUT		200 AUTOPSY? YES NO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED
AL CERTIFICATION	Conditions, if only, wh gove rise to immedicate (o), stating underlying cause II  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	DUE TO, OF OBST.  DUE TO, OF OBST.  DUE TO, OF OBST.  CANT CONDITIONS CO.  19b. CONDITIONS CO.	R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH O F INJURY M. MONTH DA	DEATH BUT	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH?
MEDICAL CERTIFICATION	Conditions, if only, why gove rise to immedicate (a), storing underlying cause in PART 2 OTHER SIGNIFICATION (IF EITHER NOTIFY MEDICALE 21d, INJURY OCCURRED WHILE NOT WHILE	DUE TO, OF ONE TO OF THE DUE TO, OF	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH OF  FINJURY M. MONTH DA M.	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO ERED (ENTER NATURE OF F	20b. IF Y	YES, WERE FIND TIFYING CAUSE YES []	INGS USED S OF DEATH? NO
	Conditions, if only, wh gove rise to immedicate to immedicate to instant underlying cause II  PART 2 OTHER SIGNIFIC  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED  WHILE AT WORK NOTI WHILE AT WORK AUGUST	DUE TO, OF OICH TO, OICH TO	R AS A CONSEQUE  ONTRIBUTING TO D  TION FOR WHICH (  FINJURY M. MONTH DA M.  OF INJURY  EET, FACTORY, OFFICE, FA	DEATH BUT  OPERATION  AY YEAR  19  ARM, ETC.)	N WAS PERFORMED  21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO ERED (ENTER NATURE OF F	206 IF Y IN CERT	VES, WERE FIND TIFYING CAUSE YES B PART I OR PART 2)	INGS USED S OF DEATH! NO
	Conditions, if only, wh gove rise to immedicate (o), storing underlying cause in PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 120.1 (the sow the deceased of some the deceased of the sow the sow the deceased of the sow the sow the deceased of the sow the sow the sow the deceased of the sow the so	DUE TO, OF one of the one of the ore of the	R AS A CONSEQUE  TION FOR WHICH OF  FINJURY M. MONTH DA M.  DE INJURY  EET, FACTORY, OFFICE, FA  19	OPERATION  OPERATION	21c. HOW INJURY OCCURI 21L LOCATION STREET	20a AUTOPSY?  YES NO ERED (ENTER NATURE OF I	20b IF Y IN CERT IN CERT IN CERT	VES, WERE FIND TIFYING CAUSE YES B PART I OR PART 2) COUNTY	INGS USED S OF DEATH? NO
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	Conditions, if only, wh gove rise to immedicate (o), storing underlying cause II  PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK NOT WHILE AT WORK ON (I) (thus sow the decessed on obove, (I) (we) (did)	DUE TO, OF one of the post (c) DUE TO, OF OST (c) DUE TO, OS	R AS A CONSEQUE  TION FOR WHICH OF  FINJURY M. MONTH DA M.  DE INJURY  EET, FACTORY, OFFICE, FA  19	DEATH BUT  OPERATION  Y YEAR  19  ARM, ETC.)	211 LOCATION STREET  1975 9  1d that in (my) (our) opinion DEGREE  ATTENDING	20a AUTOPSY? YES NO ENTER NATURE OF I	20b. IF Y IN CER	VES, WERE FIND TIFYING CAUSE YES  B PART I OR PART 2)  COUNTY  19  our and from the	STAT

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

FOR - STATE

St Louis Dec 17, 1981

Clarksville, Howard, Maryland

74. FUNERAL DIRECTOR

HArry H Witzke 4112 Columbia Rd Ellicott City DEC 1

March 9, 1898 .A. .J clair Columnic Denoral Hounded Hounded U.S. Gorde Lacial Summer Sonal

Doc 17, 1941 At Louis Classes Lile, Roward, Herry Melec Mary Melitage AllS Colored At Hills or the BEC 1 6 1981 Shows June 1

Spin Calumbia Pine

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medical exor

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH		NO.	2 3	UO
		CEASED NAME	FIRST	٨	MIOOLE	L	A51	-	20. DATE OF DEATH		DAY YEAR	2b. HOUR
			eorg	e Ja	ames	Henr	nick,	Sr.	Dec.	5 1981	45403	M
	3. SE)	X		4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		Male		Caucas	sian	Dec		1900	80	YRS.	DATS	HOURS MIN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
		Md.		U.S.	.A.	WIDOWE		ONORCED [	Howa	ard Co	unty	MD.
20		altimore		(IF NOT IN SUC)	OSPITAL, NURSIN HFACULTY, GIVE STREET Predes	ADDRESSI		STITUTION	120 USUAL OCCUP LIVEE OF WORK FOR MO Chauffe		126. KIND O INDUSTRY Raily	Way Ex.
3	13a. S	AL RESIDENCE (IF NUR TATE Md.	13b. COU	other institution of the ward	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltir	N	YES 🗌	CITY LIMITS?	13e. STREET ADDRES		ick Ro	d.
70	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	R'S MAIDEN NA	ME		LAS	T
) (Li		John			Hennick			Lena			Olve	eter
1		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17 INFORM	ANT	ADI	DRESS		
		no			705-01-	7543	Geor	rge Her	nnick Jr	(son	) same	e addres
ř		PART I. DEATH W	VAS CAUSE	nly ane couse per DBY: TE CAUSE (a)	ecu o	Tic /	Legar	cerd	Zuel x	lefer	APPROXI	MATE INTERVAL ONSET AND DEATH
	ZVPX	Conditions, if any gave rise to im- cause (a), statu- underlying cause	mediate	DUE TO, OF	AS A CONSEQUE	NGE OF (	d v	D. Ver	neg h	ue d'		
	NO	PART 2 OTHER SIG	NIFICANT (	CONDITIONS <u>CC</u>	NTRIBUTING TO E	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(o	х'
9	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERF	ORMED	20a AUTOPSY?		WERE FINDIN	
-8		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	HOUR A.A	M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM IB PA	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCUR	HOLE [7]	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE FA	ARM, ETC )	21f LOCAT STREET		CITY OF	TOWN	COUNTY	STATE
	2	saw the cease obove, (1 (ve) (	e live an	1/14	25 19	12 - 81 an		Jaur) opinion	, ta	date and havr	and fram the c	
		22d. PHYSICIAN'S N	AME (TYPE C	2X/C	an .	2	TIN ADDRE		MEDICAL S DIRECTOR PHY	TAFF SICIAN []	22c. DATE S	18/8/
		Dr.		n Healy	. /		AND PROPERTY.		7			
1	22. 6			· ·			- 501/1		rancis I	ive.		
	/30. B	URIAL, CREMATION,	REMOVAL	23b. DATE		IAME OF CI	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

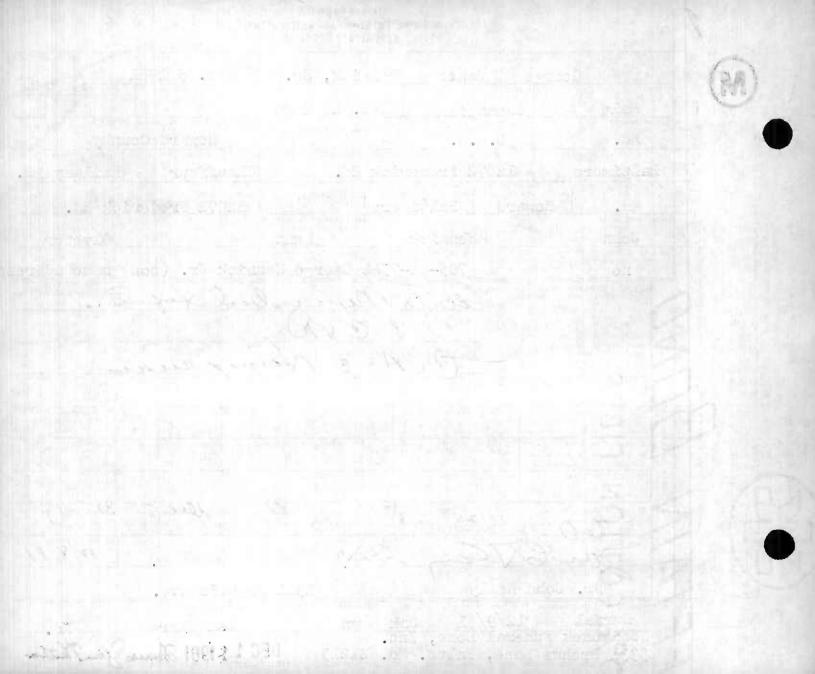
DHMH - 16 50M 1/81 (VRA 15, 4)

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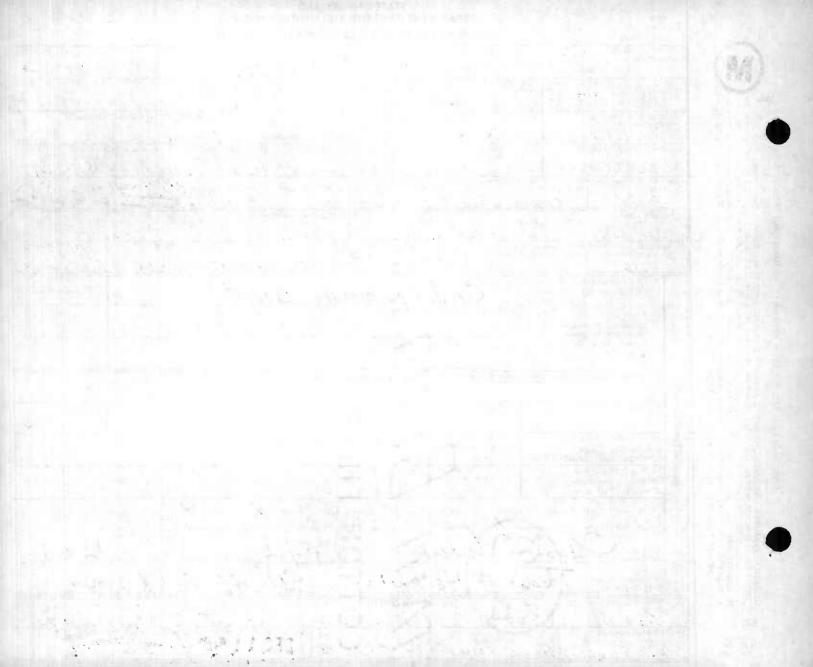
Burial | 12/9/81 | Oak Lawn

For the second with the second secon

Baltimore
250. DATE REC'D. BY REGISTRAN 250 REGISTRAN
DEC 1 1 1981 Phones



-1	STATE OF MARYLAND	0 : 0 0
1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES	2 3 0 7
I D	REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.  DECEASED NAME  FRST  MIDDLE  LAST  TO DATE VALOND TO ME	
	TO HN ALBERT I INEGARNIED DEATH MATED 1	2 10 81 136 M
1 SE	EX 14 RACE, / - 15 DATE OF BIRTH 16 AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 70 DATE	ONTH DAY YEAR 2d. HOUR
	M WAS 1/E 3 2/ 29 52 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD / 2	1.11 01/20
76.	BIRTHPLACE (STATE OR FOREISN COUNTRY)   8 MARRIED   9. BALTIMORE CITY OR CO	
	MARKIED WIDOWED DIVORCED HOURAND	C MD
10.5	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION (TYPE OF W. FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE)	VORK 126 KIND OF BUSINESS OR INDUSTRY
1	COLUMBIA HOWARD CO. GENERAL HOSPITAL INC NISARI	ED Building
13a.	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS)	AYLAND, AUR
1	MA Stoward Ellicutt City YES NO 3746 HHTT	TAID HITE
119.7	FATHER'S NAME FIRST MIDDLE LAST / 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
16a	WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT/ ADDRESS	AMD/ (11
(	(YES, NO, OR UMKNOWN) (IF YES, GIVE WAR OR DATES) 213 26 4313 PRIVILLA HIME AREA ALKAN	3146 21043 med
	18. CAUSE OF DEATH (Enter only one cause per line tor (o), (b) yand (c).)	APPROXIMATE INTERVAL
	PARTIDEATH WAS CAUSED BY:  AMMEDIATE CAUSE (a) CAT 010. DU/MONGRY CITEST	BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave rise to immediate (b)	
	cause (a) stoting the under- lying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OB CONDITION GIVEN IN PART 1 (a).	
1 5	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
FIC		YES NONE
CERTIFICATION	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1	
MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, 21f. LOCATION WHILE DINOT WHILE DISTREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE TO STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	SIAIE
	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry ond in r	my opinion
	deoth resulted from: Notural causes Accident , Suicide , Hamicide Undetermined manner ,	
	ACTUAL STATE OF THE (SPECIFY)	NE 12 10 C
		IGNED / 2-/0-8
-	EXAMINER'S NAME Thomas F Herbertun Clicate Coho MA	210203
23a.	(TYPE OR PRINT) / / / / / / / ADDRESS / / / / / / / / / / / / / / / / / /	0/040
	BURIAL 13-14-81 ST JOHNS CIENT FILMET E.T. H	COUNTY STATE
24. 1	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1314/REGISTRA	R'S SIGNATURE
14	They Francis 1 Hours TET wort City And 21043 Util 1 1961 Miness	11



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. To DATE OF DEATH MONTH. 12 5. DATE OF BIRTH AGE DIVIDENTALISMENDAY FUNDED FREAD IN CITIZEN OF WHAT COMNTRY BAJTIMORE CITY OF COUNTY OF DEATH 125 KIND OF BUSINESS OR THE CONVOIR FOR MOST OF WEREING LIFE ! INDUST

ugenia m	opell.	Kounoake	YES NO	1,		
ATHE S NAME	MEDIE	Mansidy	Lally	WEON	? 7	
WAS DESEASED EVER IN U.S. AN	MED FORCES?	none	Plus betien	Comston	Elwatt Cit	10 210
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		ine for 101, (b), and ic.	curet		BETWEEN'S Si'm	MATE INTERVAL INSET AND DEA
Conditions, If ony, which gove rise to immediate couse (o), stating the	(b) _	AS A CONSEQUENCE OF	Eglema		Hau	rs
underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	R AS A CONSEQUENCE OF	NOT BELATED TO THE YEAR	AINAL DISEASE OR CON	DITION CONTAINS AND A	
190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

4. RACE

211 LOCATION

CITY OR TOWN COUNTY

STATE

22a | certify that (1) (this hospital) attended the degeased from sow the deceased alive an 2/04/8/ obave, (I)(we) (did) (did not) view the body ofter death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [

22e ADDRESS

BALT. NATL Pike

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

CERTIFICATION

MEDICAL

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If Item

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FOR

- STATE

CTOPE OF PERIOD

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REGISTRAR

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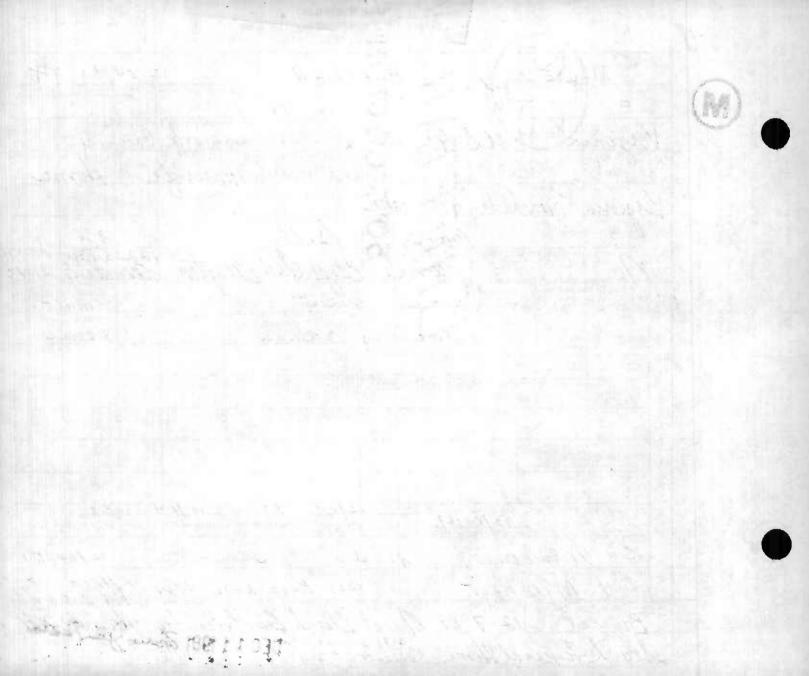
DECEASED NAME

236. BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMA

23d LOCATION

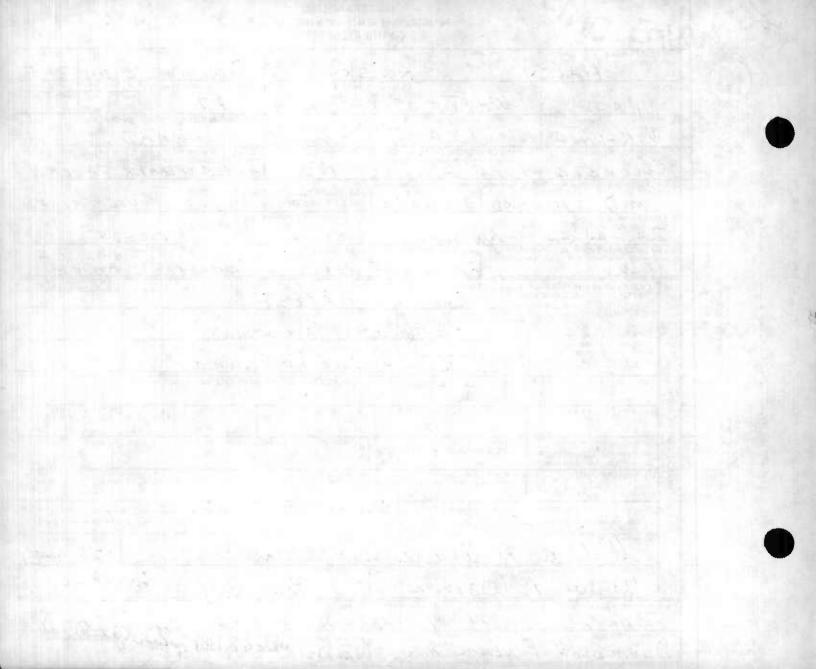
21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

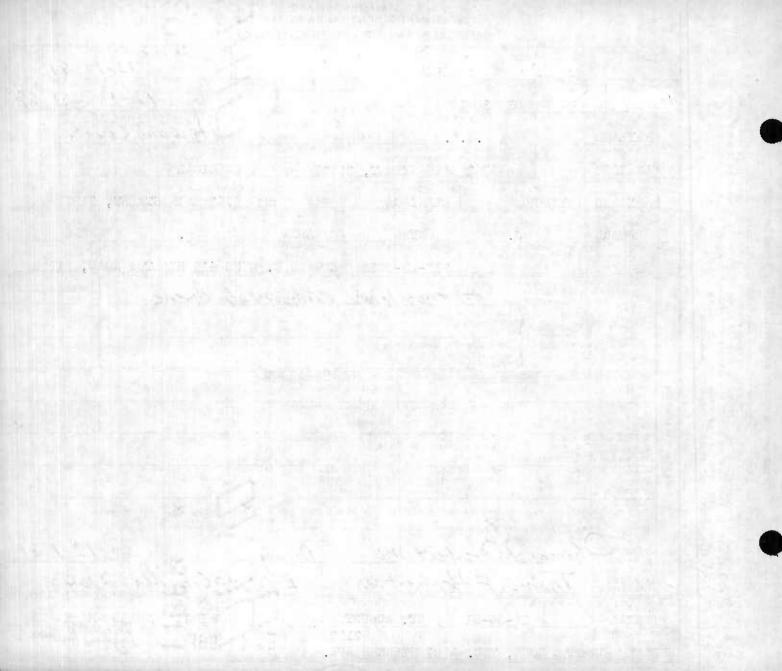


3.47		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	0.		
		EASED NAME FIRST	MIDDLE	1, "	IST A	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	11116	HARR	<b>\</b>	KNI	sley	Decem	ber 1	18,1981	ZWAM
P	3 SE		4 RACE	5 DATE O		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
500		MALE	WH178	SEP	T 10 1904	77	YRS.	MONTHS DAYS	HOURS MIN
100		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED	Nr. O	BALTIMORE CITY O	R COUNT	Y OF DEATH	
P2 7		VIRGINIA	USA	WIDOWE		1404	VAK		MD
no no	10. CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INSTITUTION	12e USUAL OCCUPATE	ON	12h. KIND O	F BUSINESS OR
100	(	OLUMBIA	9513 6-010	FOR	DRD	OWNER-OF	ERAT	ON TA	VERN
50	USU/	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	-		
<b>(</b> )			WARD COLUME		YES NO	9513	6	UILFOI	ROKD
ex o	14 FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		241	T.
le al	1	-ACHARIAH	KNISLEY		ELLA		RE	EDY	
a de		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	SAME	AS
th.		NO	218-32-	2165	HELEN C	, MUISLEY	1	ABO	VE
i and		18 CAUSE OF DEATH (Enter or	ly one cause per line for (o), (b), on	d (C)				ALPROYII	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE 10) CHED	IAC	ARREST		1		
		1629	DUE TO, OR AS A CONSEQUE	ENCE OF	1 0				
5		Conditions, if ony, which	( 1b) The		tec (arcin	oma			
Š		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF					
°,		underlying couse lost	(c) /5hu	ullo.	genic larc	moma			
Ē.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIV	VEN IN PART 110	a i
-	CERTIFICATION	IA DAYE OF ODERATION	Line contribution to a visition	ODERATION	LIVE DEDECORNES	1200 AUTOPSY?	Tank IE VE	S, WERE FINDIN	ICC HCCD
4	FICA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
4	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE	YES NO		ES []	NO 🗌
()		OR CONTRIBUTING CAUSE OF DE	LICUID A MA MONITUL TO	AY YEAR	THE THOU INSONT OCCURRE	ED (ENIER NATURE OF INJUI	IT IN TIEM TO,	PARTIOR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
No.	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOV	VN.	COUNTY	STATE
		AT WORK — AT WORK —		5 0	atcompa 1981	177-	10-		
7		saw the deceased alive an	tal) attended the deceased from_	31 %	d that in (my) (aur) apinion d	eath occurred on the di	ate and hou		that (I) (we) lost
		above, (I) (we) (did ) (did no	t) view the bady after death.		DEGREE	com occorred on the di	716 0110 1100	22c DATE	
:		11/11/10	A 11 min	0. 1.	ATTENDING	MEDICAL STA	FF _	127	10-01
_		224. PHYSICIAN'S NAME (TYPE O	PRINT	enju	PHYSICIAN 1	DIRECTOR   PHYSIC	IAN []	110	17-01
		11/11/100	Alesahoen	r	221 P.	(porce C	J 61	and,	110
NOTAL PROPERTY.	22. 0	URIAL CREMATION REMOVAL	23b. DATE 23c P	JAME OF C	METERY OR CREMATORY	123d LOCATION			(1090
	(1	PECIEN	3		4	CITY OR TOWN	À	COUNTY	STATE
	24 EL	IDUR I AC			LAUREL 1STRETE	REGID BY REGISTRAR	25 EGIS	TRANS SECOND	URE
5M 1/79	1	ONALDSON	FUNERAL HU	MS-	ME!	5 % 3 1981	Maria		
	7				1-11				

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3251





FOR

24. FUNERAL DIRECTSOL LEVINSON & BROS.

6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

DHMH - 16 60M 7/73

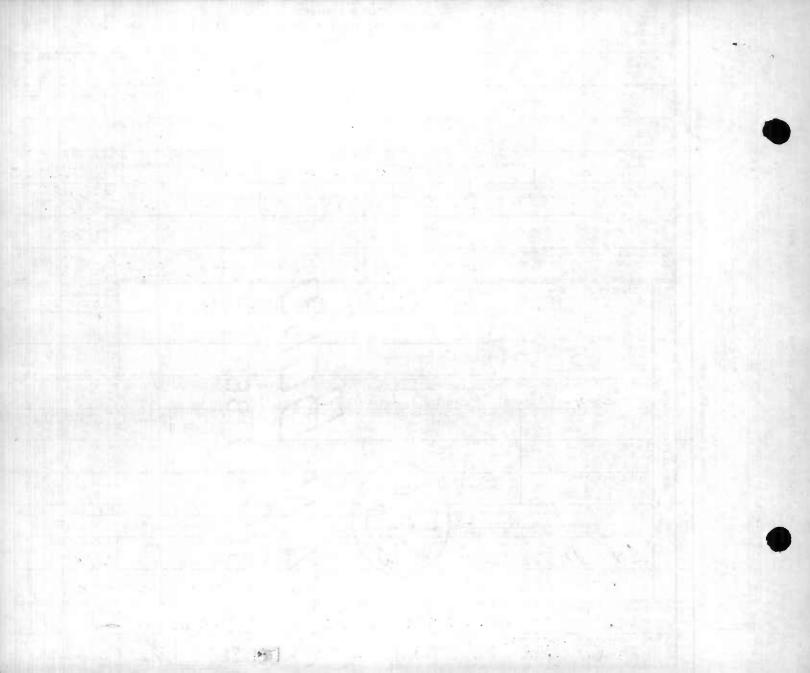
(VRA 15(4))

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

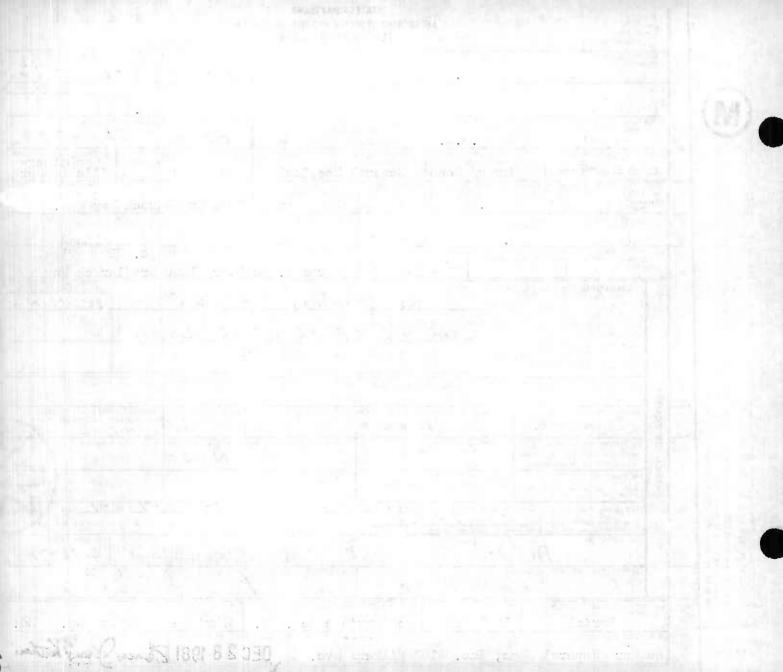
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



5		11-	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											ad	
	公司政府日		CEASED NAME E OR PRINT)	ME FRST Rosi			Emma Emma		Matthews						MONI 12		7 81	12A
	(M)	3. SEX	F	4 RACE B	5.	W	TH YEAR	LAST BIRTH	DAY) MONT		IF UNDER 2		PRONOUN DEAD		12		YEAR 19 81	12 A
•	35	FO M	RTHPLACE (ST REIGH COUNTRY) Iaryland	E		U.S	A.	JNTRY?	WIDOW	/ED 🗆	VER MARRIE DIVORCE		9. BALTIM	How	ard			W
	1. IF ANY DELAY IS A 2, AND 3 TO THE FU. 3. RETAIN PAGE 5. SHOULD BE FILED. ALL RECORDS, 201 W		Columb	ia, M	D	9276	Carte	URSING HOME STREET ADDRESS  Provil  CERSEORE ADMIS	e. Ro		TION	FOR M	AL OCCUP OST OF WORK Custo	KING LIFE)	TYPE OF WOR	OF	OF BUS RINDUSTR	Υ
0. 21201	SHOULD SHOULD IN RECORD IN	13a. S			Howa		13c. CI	TY OR TOWN		13d. INSIDE C	NO 🗌	927	et addre 76 Cai	ss rters	vill	e, Ro	1	
BALTIMORE, MD. 21201	F PAGES 1, F PAGES 1, F FORM PM ES 1 AND 2 ION OF VITA		FIRST	rles		D FORCES?		LAST  COLIAL SECUR	TY NO	17 INFORM	ER'S MAIDEN			H_ADDRE	55	F	lall	
, BALTIM	URS AFTER B. GIVE P. WITH FO II. PAGES DIVISION	{YI	NO 18 CAUSE O	WN) (IF YI	ES, GIVE WAI	R OR DATES)	210	6-22-28		Mr J	ames I	H. Ma	atthe		isban Same	As 13	B#E.	INTERVAL
CORDS, 201 W. PRESTON ST	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF TING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, TED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NOI	Canditian gave ris cause (a) lying cau	s, if any, e ta imm stating the se last.	which ediate under-	(b)	OR AS A CO	DINSEQUENCE	OF	E OR CONDITION	n given in part	I I tar.	•				ALEN ONSET	
DIVISION OF VITAL RECORDS, 201	CATE SHOULD HE WORD "PE THE CHIEF A NUD BE USED A MENT OF HE TO BURIAL, C	L CERTIFICATION	19a. DATE OF 21a. EXTERNA UNDERLYING	L CAUSE W	A5	21b. TIM	NDITION FO E OF INJURY A.M. MONT		21c. H0		MED?	) (ENTER N	ATURE OF INJ	URY IN ITEM	IB PART 1 OR	,	NUTOPSY?	мо 🗆
DIVISION	THIS CERTIFIC WARDED TO WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MEDICAL	UNDERLYING CONTRIBUTION 21d INJURY CO WHILE AT WORK	CCURRED		21e PLA	P.M. CE OF INJUI FACTORY, FARM	RY (AT HOME, I, ETC.)		CATION			CITY OR TOV	WN		COUNTY		STATE
•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P			y that I taak d fram:			Accider Accider	bave, held an	Autap uicideM	Hamic TITLE (S	PECIEY)		Inquiry rmined ma		and in my  DAT SIG		2-29 ver t	-81 EC.
	Bb——BATTA	(5	JRIAL, CREMAT	ion, REMO		DATE 12-31-		. NAME OF C		RCREMATO	Cem.	23d. LOC	Jessi		cı	YINUC	Md M	TE
	DHMH - 17 (VR A15 ME (5))	-	INERAL DIREC NAME George		owde	n	246N.	Washin	gton		DEC 3	0 19	REGISTRA	R	O	- Ille		

avolubility interest. by chipmounic Williams In the afficiency of the second of the Control of t (Family ) Alle Medical Company of the Company of the Company of the Latter North Carlot Car 

1	1	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYL HEALTH AND FICATE OF I	MENTAL HYG	IENE 8	REG. NO	3	2 5	1 3
		ECEASED NAME	FIRST	N	AIDDLE		LAST					DAY YEAR	2b HOUR
eo th	1		JOHN		L.	MC	CLEARY		1	2/2	5/	81	4-22 AM
1	3. SI	X		4. RACE		5. DATE	OF BIRTH	YEAR	6 AGE (IN	YEARS LAST BIRTI	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
1		Male			ite	8	25	19	6	-	YRS.		
1 6	70. E	SIRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF		TRY? 8 MARRI	D MEVER	MARRIED -		_		Y OF DEATH	- V
3		Maryland			S.A.	WIDOW		IVORCED [		OWAK		COUN	MD
	110 0	ITY OR TOWN OF DE		11. NAME OF H	H FACILITY, GIVE S	TREET ADDRESS!			(TYPE OF WO	RK FOR MOST OF	ON FWORKING LII	12b. KIND OF INDUSTRY	uther-
0	1	COLUMB		Howard	County	y Gener	al Hosp	ital		enter		ville	Lumber
21	130	JAL RESIDENCE (IF NUR	13b COUN	ITY	13c. CITY OR	TOWN	134 INSIDE C	ITY LIMITS?	13e STREE	ADDRESS		2104	
00	_	ryland	Howa	rd Co.	Colum	nbia .	YES 🗌	NO 🔀		Crad1	erock	c Way Ap	t. 720
E C	14 F	ATHER'S NAME	^	AIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE		LAST	
50	1	Joseph		L.		Cleary		Mattie	114			Lea	f
шедісо		WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIALS	SECURITY NO.	17. INFORMA	ANT		ADDRE	Apt.	720 2	1045
		NO			217-05	5-9982	. Norm	a A. Mo	Clear	y 7080	Crad	llerock	
event, th		18 CAUSE OF DEAT PART I. DEATH W		ly ane cause per D BY: E CAUSE (0)	line for (o), (b	Rost	pirato	44 A	RRE	57		BETWEEN	MATE INTERVAL INSET AND DEATH
s ony injury, or ather troumot	CERTIFICATION	190 DATE OF OPERA	ng the lost.	(c) ONDITIONS <u>CO</u>	TION FOR WE	TO DEATH BU	DEATH BUT NOT RELATED TO THE TER/			MINAL DISEASE OR CONDITION GIVE  200. AUTOPSY? 20b. IF YES,			00000
S S S S S S S S S S S S S S S S S S S	4 2	21a, ACCIDENT WAS UN		1 21b. TIME O		ON1		LILIBY OCCUP	YES 🗌	NO		ES 🗌	ио 🗋
9		OR CONTRIBUTING	CAUSE OF DEA		M. MONTH	DAY YEAR		NJURY OCCURI		ON E		PART 1 OR PART 2)	
	MEDICAL	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE	21e PLACE C	OF INJURY EET, FACTORY, OF	FICE, FARM, ETC )	21f LOCATION STREET	ОИ		CITY OR TOW	/N	COUNTY	STATE
21 is marked		220.1 certify that (1) saw the deceas	ed alive on.	10/	2.51		ond that in (my)	, 19 ) (our) opinian	deoth accur	ed an the do	ate and hou	19 <u>5</u> , t	hat (I) (we) last couses stated
T. If Hem		22b. SIGNATURE	h	Shar	oner dearn.	M	DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	STAF		22c. DATE S	1GNED 25/8/
IMPORTANT		22d. PHYSICIAN'S N	51	HAKI	R M	2	22e. ADDRES		7 M		Rue.	16 Dr	1
5	230.	BURIAL, CREMATION,	REMOVAL	23b. DATE			CEMETERY OR		23d. LOC	ORTOWN		COUNTY	STATE
-78		Burial		12/28	/81	Meadow	ridge M			ridge		oward Co	
50M 1/76 15 (4))		UNERAL DIRECTOR  1bbard Fune			Z Z ADDRES	s 2	1229	25c. DAT		REGISTRAR		TRAP'S SIGNATO	



Lewrencewiddie

- STATE

LIYPE OR PRINTS

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

I. DECEASED NAME

12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Manager 5230 Lightning View Roed Murray ADDRESS Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mIN. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) opinion death occurred on the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN COLUMBIA MD ZKAS Md. Catonsville 24 FUNERAL DIRECTOR Witzke Columbia Funeral Home 5555 Twin Knolls Road, Columbia, Md. 21045

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Meehan

Francis

REG. NO

MONTH 2 DAYS

YEAR

IF UNDER I YEAR

87 HOUR

IF UNDER 24 HRS

2a. DATE OF DEATH

The se such and he describe the second second Committee of the villengers \_ interest or beginning to be being the committee of the commit with Lander at land of and I had SEES THE WORLD SEES CARDINGS IN THE SEES OF THE SEES O STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

F	REGISTRAR				CEKIII	ICATE OF L	EAIR	RE	G. NO.						
1. DECE	ASED NAME	FIRST	- /	MIDDLE	ı	AST .		20. DATE OF DEA	ТН момтн	DAY	YEAR	2b. HO	UR O (2		
		CHARLES		F	MEW	SHAW	JR.		12	18	81	18	PM		
3. SEX		4.	RACE		5. DATE C			& AGE IN YEARS L	AST BIRTHDAY)		RIYEAR	4	R 24 HRS		
M	ALE	40. 6	WHITE			1.5	34		47 YRS	MONTHS	DAYS	HOURS	MIN.		
Po. BIRT	HPLACE (STATE C	R FOREIGN 76		WHAT COUNTRY?	8 0.7			9 BALTIMORE CI		Y OF DE	ATH	-			
	A DSZ T A NID	100	11 (	7 A		NEVER /									
	ARY LAND	FATH 11		S.A. HOSPITAL, NURSIN	G HOME C		VORCED []	12g USUAL OCCL	COUNTY	_	KINDO	F BUSIN	MD.		
			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR A	AOST OF WORKING	LIFE) INC	USTRY				
	LKRIDGE			MONTGOME		AD		HORSE D	ENTIST	S	ELF-	EMPI	LOYEI		
13a. STA		13b COUNTY HOWA	1	GIVE RESIDENCE BEFORE 13c. CITY OR TOWI ELKRIDG	N	13d INSIDE C	ITY LIMITS?	13e. STREET ADDR		V RO	ΔD	212	27		
	HER'S NAME	HOMA	ILD.	LHACIDO			SMAIDENNA		WI GOTTIAL	1 NO	AD,	212	41		
	FIRST		DDLE	LAST	O.D.		FIRST	MID		LAST					
14- NA/A	CHARLES S DECEASED EVE	F		MEWSHAW	SR.	17 INFORMA	ARGARET		DDRESS		MICHAEL				
(YES	NO OR UNKNOWN)	(IF YES, GIVE W													
	NO			213-30-	9312	JOYCE	M. MEW	ISHAW 665	50 MONT	GOME	RY R	ROAD			
18				neyar (a), (b), and	d (c )	-	7				APPROXI	MATE INTE	RVAL D DEATH		
	PARTI. DEATH	WAS CAUSED I		MANIGE	TUAC	- (	94101	MA							
	1919		DUE TO O	R AS A CONSEQUE	NICE OF										
	Conditions, if or	ly, which	( ,b)	AS A CONSECUE	THE OF										
	gove rise to in	nmediote	)					-100							
	underlying cau		DUE TO, OF	R AS A CONSEQUE	NCE OF										
-	ART 2 OTHER CH	Chileicahir CO	(c)	SALTERIOR TO TO D	E A TI I DI IT	NOT BELLIES	TO THE TERM								
NO	ART 2 OTHER SI	SNIFICANTO	NDITIONS <u>CC</u>	NIKIBUTING TO L	EATH BUT	NOI KELAIED	O THE TERM	AINAL DISEASE OR	CONDITION G	IVEN IN	PARI II	a			
CERTIFICATION	DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?							
E								YES T NO	_	IFYING (	CAUSES	OF DEA			
2	In ACCIDENT WAS L	INDERLYING	216 TIME O	FINJURY	-	121c HOW IN	JURY OCCUR	RED (ENTER NATURE O			PART 21	140 [			
	OR CONTRIBUTING			M. MONTH DA	Y YEAR	37767		(Elvien valore o		T HAT T ON	7 581 67				
	I IN LINE OF THE		P./		19	AND LOCATIO	201								
MEE		NOVEL [7]	OF INJURY EET, FACTORY, OFFICE FA	ARM ETC }	211 LOCATIO		CITY	ORTOWN	co	COUNTY STATE					
4	when he my	ines 12			Λ		- 01	7			1	0			
- A			Mrs. Andrew on March	decegued from	HAR	15T H	19 01	to JELE	MEER D	19_2	1	the (1)	(we) last		
		did Wald not	new the block		<u>St</u> , or	d that in (my)	(our) apinion	death occurred on t	the date and ha	ond f	rom the	causes st	oted		
12	7 STONATURE	H	NI	(/-1)	11	DEGREE				22	c. DATE	ŞIGNED	1-		
	1 10	MAN	4	1200	h		PHYSIC IANA	MEDICAL DIRECTOR PH	STAFF		121	191	81		
77	M PHYSICIAN'S	NAME (HIPECRIP	0.0473	7 77		22e ADDRES	-	3 2 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			1-1	- 11			

BP

DHMH - 16 50M 1/81 (VRA 15, 4)

use as the burial-transit permit. Then Health and Mental Hygiene priar to be morked or Item 18 shows ony

should be detached for use as TO FUNERAL DIRECTOR:

MPORTANT: If he

23s BURIAL CREMATION DIFFECTION 12-21-81 BURTAL 24 FUNERAL DIRECTOR

FOR - STATE

23t. NAME OF CEMETERY OR CREMATORY MEADOWRIDGE MEM.

ONCOLOGY DEPT., ST. AGNES
TERY OR CREMATORY
OGE MEM. PK. ELKRIDGE HOW

MARYLAND HOWARD REGISTRAR 756 REGISTRAR'S SIGNATURE

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

THE CONTROL BUTCHES HE SEE THE SECOND STREET THE STATE OF THE STATE OF THE STATE OF STATES OF STATES

Mi	FOR STATE				MENT OF	HEALTH	ARYLAND AND MEN	NTAL HY	-	_		3	2 -	<i>i</i>	8	
1	REGISTRAR CEASED NAME	FIRST	WE	MIDDLE	EXAMIN	IER'S C	CERTIFICA	ATE OF				. NO.	TH DAY	YEAR		
	PE OR PRINT)	Anne	M	arie		M,il	Mail Car								7:15	
3. SE	x F	Cau.	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			UNDER 24		C. DATE RONOUN DE AC	NCED	12			2d HOU	
Fo	SIRTHPLACE (STA	ATE OR									vard	Y OR COL	JNTY OF	Y OF DEATH		
ID. C	Columbia	OF DEATH		ACILITY, GIVE S		ROTHER INSTITUTION T20, USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)						PEOF WORK 126 KIND OF BUSIN OR INDUSTRY				
USU.		FIN NURSING HOME OF 136. COUN HOWA	OR OTHER INSTITUTION G	13c. CITY			13d INSIDE CITY	LIMITS? 13		T ADDRI		Fore	st Ro	d_Apt	6	
	ATHER'S NAME FIRST		WIDDLE	Oeist	tast treiche	er	15. MOTHER'	S MAIDEN			AIDDLE			LAST		
160.		EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURIT	Y NO.	Thomas		lley	5912	ADDR		Fores	prest Rd.Apt6		
	18 CAUSE OF PART I DEA	ATH WAS CAUSE	nly one couse per line D BY: TE CAUSE (a)	e for (a), (b	), and (c).)	A.S.	H.D.							APPROXIMATE TWEEN ONSE		
NO	gove rise couse (o) : lying cous		(b)		NSEQUENCE		E OR CONDITION G	SIVEN IN PART 1	1 0							
CERTIFICATION	196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED?										20	20 AUTOPSY?				
CAL CERT	210 EXTERNAL UNDERLYING CONTRIBUTION	CAUSE WAS OR IG CAUSE OF	216. TIME O HOUR A.A DEATH P.A	A. MONTH	DAY YEA		ow injury o	CCURRED	(ENTER NA	TURE OF IN	JURY IN ITE	M 18 PART I O	R PART 2)			
MEDICAL	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME.  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN  COUNTY												STATE			
	220 I certify death resulte  ACTUAL SIGNATURE		ge of the remains de ral causes X,	Accident		Autop vicideM	Hamicide TITLE (SPE	e 🔲 .	1	Inquiry mined m	anner [	ond in my		12/28	3/81	
1	EXAMINER'S N	1)	bu Calin,	M.D.			ADDRESS_3	459 S			s La	Ell:	icoti	t City	y, MI	
(	Burial	ION, REMOVAL	236. DATE 12-29-81				t'l Cen	notom	23d. LOC CITY OF	Rel+	imore	0	OUNTY	. MA	ATE	
-	Witzke		2 Columb		,E.C. 1	Md.	250	DEC	29	1981	AR 258 R	ALLO	SSIGN	/ LIK	Ans	

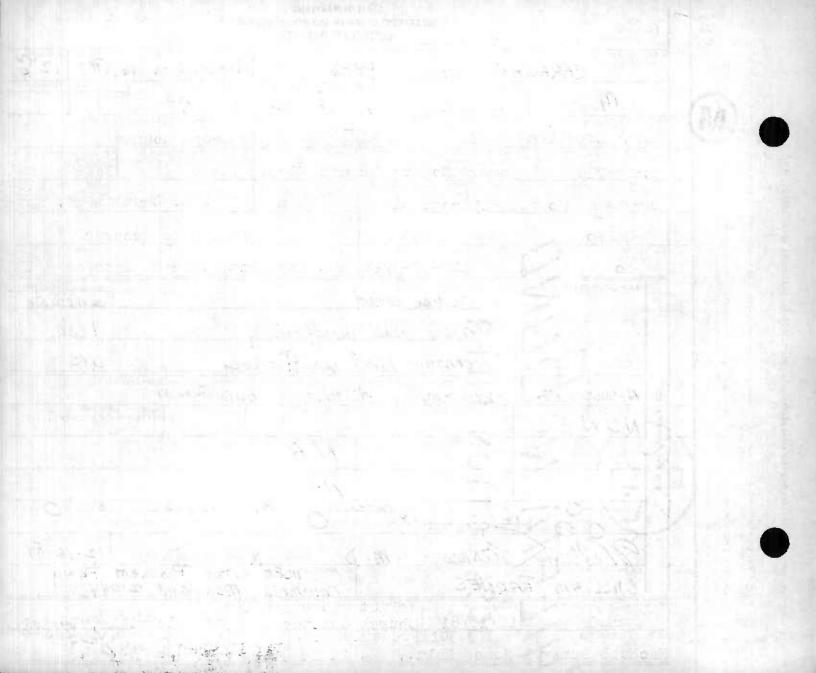
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OH	I. DE	STATE REGISTRAR CEASED NAME	FIRST	M	EDICAL EXA		ERTIFICATE	OF DEATH	REG. NO	MONTH DAY	Y YEAR 2b F
E FUNKRAL DIRECTOR.  E S FOR YOUR FILES.  D. WITHIN 72 HOURS  I W. PRESTON STREET,		OR PRINT)	Joh	าท	Steven		Miller	OF DEAT	H MATED X	12 25	5 19 8 !
ON STR	3 SEX	ale	White	April 1	Y YEAR LAS	E (IN YEARS IF UN T BIRTHDAY) MONT 9 YRS.		MIN. PRONC	UNCED	12 26	y YEAR 2d 1 5 1981 2:
	7a. 81	RTHPLACE (ST REIGH COUNTRY)	and and	76. CITIZEN OF	WHAT COUNTRY?	8. MARR WIDOV	ED NEVER MA	RRIED I	ward Cou		DEATH
	ΕI		City	8960 C	ospital, nursing reacility, give street at Town and	Country	Blvd.	120. USUAL OCC. FOR MOST OF V	COPATION (TYPE	1	KIND OF BUSINES OR INDUSTRY
5	130 S	anyland	136. 200	OR OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE	WN a	13d. INSIDE CITY LIMITS	- 1000 1	oress own and	Country	u Blvd.
0	6	THER'S NAME	NIL -	PUDDLE	LAST	iller	15. MOTHER'S MA	J.	WIDDLE		Shephen
1	16a, V	AS DECEASED	EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)	214-62-	_	Mrs. Jun	e S. Mille	ADDRESS In 4516	adena, Mountai	Md. 211. in Road
,		18. CAUSE OF PART I DE	ATH WAS CAUS	ED BY:	Fatty Liv	c).) ver	STW 27			BE	APPROXIMATE INTER
), 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		571	8		OR AS A CONSEQU	3	0.10				
OR RE		gave ris	s, if any, which to immediat stating the <u>unde</u>	e / (b)	OR AS A CONSEQU	ENCE OF					
Ž		lying cau		(c)							
KENN	NO	PART 2 OTHER SIG	NIFICANT CONDITION	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEAS	OR CONDITION GIVEN II	PART 1 101.			
	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	196 CON	DITION FOR WHICH	OPERATION W	AS PERFORMED?			20	AUTOPSY?
4	ERTIF	210. EXTERNA	L CAUSE WAS	21b. TIME	OF INJURY	121c H	OW INJURY OCCU	RRED (ENTER NATURE OF	IN KIRY IN ITEM IS P	ART LOR PART 2)	YES X NO
5	CALC	UNDERLYING CONTRIBUTIN	OR IG CAUSE OF		.M. MONTH DAY	YEAR					
188	MEDI	21d. INJURY O WHILE AT WORK			E OF INJURY (AT HACTORY, FARM, ETC.)		CATION	CITY OR	TOWN	COUNTY	\$
			y that I took	ge of the remains o	lescriber Pove, he	dan Autop	sy X, Inspec	tian , Inqui	ry 🔲, and	d in my opinion	
		death resulte	d from:	orol coutes .	1	Swicide	Homicide L	Undetermined	manner		
, W		ACTUAL SIGNATURE_	4	Kiowe	up 12	eux .	Deputy C	chie fedical ex	AMINER	DATE SIGNED	12/27/81
BALLIMOKE, MARYLAND, 2	-	EXAMINER'S I	NAME The	omas D. S	Smith, M.	).	ADDRESS	I Penn St	. Balf	to., MD	
	230. Bl	PECIFY)		23b. DATE		of CEMETERY C		23d. LOCATION	rnie An	COUNTY	STATE
-	24 FL	Dul INERAL DIREC		12/30/8		of Pasac		TE REC'D. BY REGIST	RAR 236 REGIS	ne Arun	del Md.
	1754	NAME .		k Neck R	mu nome	oz rasac	ena				-0.0

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SEM 27 2 1801 0 5 (3)		to we waste		uni cararespo

B * 5	1. DEC	EASED NAME FIRST CARAU	SAN Evett	PEED	December	6,1981 12 A
	3. SEX		Caucasian	S DATE OF BIRTH 1/18/02 MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
(M)	,co	ITHPLACE (STATE OR FOREIGN UNITRY) rth Carolina	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	
d with	10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED TO NO HOME OR OTHER INSTITUTION TADDRESS)	Howard Coun  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS INDUSTRY
4 hours af		Olumbia L RESIDENCE (IF NURSING HOME OF TATE   136 COUT	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d INSIDE CITY LIMITS?		Feed & Gr
2 E 3		ryland Howa	rd Ellicott C	15. MOTHER'S MAIDEN N		tham Rd, Ap
cuted within completely is 1 and 2 sh	16a W	Unknown AS DECEASED EVER IN U.S. AR	Peed		Unknown to Re	cords
be execution and co	(YE	NO OR UNKNOWN) (IF YES, GIV	A 227-07-	-5712 Mrs. Marga	aret M. Peed	Same as # 1
physicial physicial propersion propersion physicial physicia physicia physicia physicia physicia physicia physicia physicia physicia physicia phys		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (a), (b), or ED BY TE CAUSE (a) <u>Cardiac</u>	anest		BETWEEN ONSET AND DE
leoth cer thending ve carbo ian, or re		5829 Conditions, if ony, which	DUE TO, OR AS A CONSEQU		76.	Iwk
is that the deoth co od by the attendin lease remove carb incl. cremotion, or in an other troumotic		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	senal insuffic	civa	urs
equires to signed Then ple to burio injury, ar	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
hos been repried by sony	CERTIFICATION	NONE	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? FES NO NO
C D - 0 0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR 216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
CIAN: The II physicion.	A		PAA	10		
HYSICIAN.  Inding phys  Ins certifica  burial-trar  I Mentol Hy  or Item 18	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	19 21f. LOCATION SYREE	CITY OR TOWN	COUNTY STATE
DING PHYSICIAN: or ottending physicians after this certificate os the burial-transition of the order of them 18 marked or them 18		WHILE NOT WHILE 220.1 certify the (1) this hosp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) attended the deceased from	FARM, ETC.) 21F. LOCATION SYMP		, 19_ <b>8</b> /, tha(1)(we)
OR ATTENDING PHYSICIAN: the hospital or ottending physicials or ottending physicials of the form of the burial-transpector of Health and Mental the Health or the otten 18 them 21 is marked or them 18		WHILE NOT WHILE 220.1 certify the (1) this hosp	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, itol) attended the deceased from	FARM, ETC.) 21F. LOCATION SYSTEM  STEED  , ond that in (my) (aur) opinion  DEGREE  ATTENDING	in death occurred on the date and hi	our ond from the couses stated
OR ATTENDING PHYSICIAN: the hospital or ottending physicials or ottending physicials of the form of the burial-transpector of Health and Mental the Health or the otten 18 them 21 is marked or them 18		220.1 certify the (1) this hosp sow the deceose dive or obove (1) we wild idd no 22b. SIGNATURE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) attended the deceased from 12 11 year the body after death.	PARM, ETC.)  21E. LOCATION  SPEED  , 19  Country  , ond that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS 1085	MEDICAL STAFF DIRECTOR DIRECTOR PHYSICIAN CLITHE POLICE	22c. DATE SIGNED  12 - 16 - 81
A STENDING PHYSICIAN: hospitol or ottending physicians in the physicians of the principle of the principle of Health and Mentol the period Health and Mentol them 21 is marked or Item 18		WHILE NOT WHILE 220. I certify the (1) (this hosp sow the deceosed live or obove) (1) well-did id did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, intol) attended the deceased from the property of the results of the r	PARM, ETC.)  21E. LOCATION  SPEED  , 19  Country  , ond that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  22e ADDRESS 1085	MEDICAL STAFF DIRECTOR PHYSICIAN  Little Police  Manuland 2	22c. DATE SIGNED  12 - 16 - 81

STATE OF MARYLAND



	1.	#16b, per ca. FOR STATE REGISTRAR	ll W/.	r.H. 7		RTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	3 2 5	2 1
sy be oge 3 deoth		00.00	rirst zabet		ertrude		ickett	2a. DATE OF I			26 HOUR 10:301
ge 4 may	3. SE	emale	4.	White	Э	S. DATE O		6. AGE IN YEA	RS LAST BIRTHOAY)	IF UNDER 1 YEAR MONTHS DAYS  RS 4 5	IF UNDER 24 HRS HOURS MIN.
	M	RTHPLACE (STATE OR FOR COUNTRY)		U.S	WHAT COUNTR	MARRIE		Но	ward (	O.,	MD
13 60	W	TY OR TOWN OF DEATH Dodbine		1421 A	A St. N	lichae	ROTHER INSTITUTION  Rd.	120 USUAL OF WORK F	CCUPATION OR MOST OF WORK SEWIFE		OF BUSINESS OR
hould be	M.	aryland	Howa	1	13c. CITY OR TO	OWN	13d INSIDE CITY LIMITS? YES NO X		A St.	Michael	s Rd.
ompletely ond 2 s		Harry		N.	Rippe		15. MOTHER'S MAIDEN NA	ME	MIDDLE L.	Etchi	son
s. Pages		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (		D FORCES?	LETD-40	-6175	J. Lelar	nd Pick	ett, S		#13
equires that the death is signed by the attent. Then please remove cut to burial, cremotion, niury, or other troume	NO	Conditions, if any, w gove rise to immed couse (a), stating underlying couse	diote the last.	(b)	r as a consec	DUENCE OF	3 ed Arter		18	GIVEN IN PART 1	o year
on.  thos bee if permit.  rene prior  rows ony	CERTIFICATION	19a DATE OF OPERATIO	N	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20g AUTOP	SY? 20b. IN C	FYES, WERE FINDI ERTIFYING CAUSES YES [	NGS USED OF DEATH?
if SICIAN: The ding physicion is certificate h buriol-tronsit p. Mentol Hygier or item 18 show		21g, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU	SE OF DEATH		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
attendin streethis ost the bu h ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK			OF INJURY REET FACTORY, OFFIC	E, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
at OR ATTENDII the hospitol or At DIRECTOR: A erached for use inte Dept. of Heoli f: If hem 21 is mo		220. I certify that (1) (the saw the deceased above (1) (we) (did) 22b. SIGNATURE				8	od that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred  MEDICAL OTRECTOR	STAFF	hour and from the	
TO HOSPITAL ( retoined by the TO FUNERAL I should be deta with the State of MPORTANT: If	23a. F	120 PHYSICIAN'S NAM	P.	- 1	an M		22e ADDRESS	11 11 11	+ Do	mascus	
BP		Burtal			-1981		lar Springs	Popl	ar Spr	ings Ho	ward, Md
DHMH- 16 30M 2/80 (VRA 15, 4)		ineral director	urri	er,Jr	. Syke	sville		8 1981	GISTRA 256 RE	JRAR' SIGNAT	TURE

standard with administration and disco-. Distantain . . . . 1831 Manager . The state of the stat The transfer remains relate wanter transfer to the Section Transfer to the section of the sectio distributed a selection of the selection

		FOR STATE			ATE OF MAR FHEALTH AR	ND MENTAL HYG	IENE	3 2	5 2	2
		REGISTRAR				TIFICATE OF D	KLO.			
W.E.		CEASED NAME FIRST		GORDON	Qui	DIRK	20. DATE KNOWN OF ESTI- DEATH MATED		7 19 81	S' A M
9 3	SEX	lale White	5. DATE OF BIRTH	6. AGE (IN LAST BIRT 75	HDAY) MONTHS	TAYS HOURS MIN	PRONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR
35	B BIE	RTHPLACE (STATE OR REIGN COUNTRY)  altimore, Md.	U.S.	A .		NEVER MARRIED	9 BALTIMORE CITY			MD.
611	0. CI	TY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING HO. FACILITY, GIVE STREET ADDRES OF COUNTY	S)		USUAL OCCUPATION (* FOR MOST OF WORKING LIFE)  Maintenan		OR WOOTH	
113	JSUA 3a. S1	TATE Md. 135 COUN	TY .	13c. CITY OR TOWN	SSIONI		STREET ADDRESS 5118 Ave			9•
0		ATHER'S NAME  Edward	B.	Quirk	15.	MOTHER'S MAIDEN N Annie			LAST rdon	
1 10	60. W	VAS DECEASED EVER IN U.S. AR. ES. NO. OR UNKNOWN) 1 1 1 1 2 3	MED FORCES?	166. SOCIAL SECUR		INFORMANT C	olumbia, C. Quirk-	Md. 21	1044	ourt
		.18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per lin D BY: TE CAUSE (a)	ne for (o), (b), and (c))	Julner	my endo	ان		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
REMOVAL.		Conditions, if any, which		R AS A CONSEQUENC	EOP					
		gave rise to immediate cause (a) stating the <u>under-lying cause last</u> .	< ' '	R AS A CONSEQUENC	E OF					
ž	z	PART 2 OTHER SIGNIFICANT CONDITIONS Chronic rout	CONTRIBUTING TO GEATI	H DUT NOT RELATED TO THE TI	RMINAL DISEASE OR	CONDITION GIVEN IN PART 1	L cheomi	ar to	0	
9	CERTIFICATION	190. DATE OF OPERATION	196. COND	OITION FOR WHICH OP	ERATION WAS F	-	L Caccorne	ary p	20 AUTOPSY?	
		218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YE	AR 21c. HOW	INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART	YES  2)	NO 🗆
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE	M. 19 OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOCAT STREET		CITY OR TOWN	COUN	тү	STATE
ND, 21201 P		220. I certify that I took charg				, Inspection		ond in my opin	nion	
MAKTLAND		ACTUAL SIGNATURE  ACTUAL	of couses of,	Accident L.	Suicide	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED	12/7/	61
BALTIMORE, MARYLAN	e de	EXAMINER'S NAME (TYPE OR PRINT)			ADD	DRESS			1/	
₹ 27	3a. BL	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CE	REMATORY 23	d. LOCATION	COUNT	Y. STA	ATE
		Burial  UNERAL DIRECTOR Sterling	12/9/81	wew ca	ineara	l Cemeter	y -Baltim D.BY REGISTRAR BYRE			na

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKITI	ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST		MIDDLE		AST	2a. DAT	TE OF DEATH MON			26 HOUR
			ilas			Ritc			13	•	81	M
	3. SE	x male		4. RACE white		5. DATE (	DAY YEAR		(IN YEARS LAST BIRTHDA		UNDER I YEAR	HOURS MIN.
	7n DI				WHAT COUNTRY	VAL	26 188		9 /	YRS		
		RTHPLACE (STATE OR COUNTRY) Virginia	FOREIGN		WHAT COUNTRY	MARRIE	D NEVER MARRIED		Howard Co			MD
2	10 CI	TY OR TOWN OF DEA	у	4425 Ce	HEACILITY, GIVE STREET	ING HOME (	E.C. 21043	LIVE OF	UAL OCCUPATION F WORK FOR MOST OF WO	JRKING LIFE)	12b. KIND C	OF BUSINESS OR
5	130 5	AL RESIDENCE (IF NURS	18b. COUN	y Co.	13t CITY OR TO	WN	13d. INSIDE CITY LIMITS YES NO	5? 13e. STR	Reet address Route 1			
2	14. FA	Daniel		MIDDLE	litchie		15 MOTHER'S MAIDEN  Clara	NAME	WIDDLE	_	ove LAS	51
3		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	236/14/6		17 INFORMANT Clara Stor	rie	Ellicot			-
		Conditions, if any gave rise to improve (a), static underlying cause	nediate ng the last	DUE TO, OI	CONOLS	UENCE OF	HEART .	DISEA	se		MA	01
	TION	RHEUMI	4T10	HEAR	T Dise	ASE,	MITAA	1 Kc	602617	TATI	ON	
2	CERTIFICATION	190 DATE OF OPERA	N/A	19b. CONDI	TION FOR WHIC	A OPERATIO	N WAS PERFORMED	20a A	IN	D. IF YES, W CERTIFYIN YES	/	NGS USED OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNI OR CONVIBUTING [] ( (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.F		DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENT	ER NATURE OF INJURY IN	ITEM 18 PART	TORPART 2)	
	MED	21d INJURY OCCUR!	ILE T	21e. PLACE (	OF INJURY SEET, FACTORY OFFICE		21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a I certify that the state of	olive an.	12 2 '	ofter death.		d that in (my) (our) opin DEGREE ATTENDING	G MEDIC	CAL STAFF			
		22d. PHYSICIAN'S NA	AME (TYPE OF	PRINT)	Russ	4//105	THISICIAL	ow.	CO. A NS, LA.	160	. 07	TR.
	23a. B	BURIAL, CREMATION,	REMOVAL	236. DATE 12:/7			EMETERY OR CREMATOR Chapel Cem		OCATION	lardy	OUNTY	W. VA'E

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

STACK Funeral Home

Columbia Rd. Ellicott City MD

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	337. Et Told	-78 <u>f</u> f	of teachers,	

STATE OF MARYLAND FOR - STATE

HArry H Witzke 4112 Columbia RD Filicott City

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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250 110					

DEC 10 1981

П	100	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.		
		CEASED NAME FIRST HENRY	1	SE	IDL	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR 6.33 F
1	1, SE	MALE	4. RACE	UC S DATE	OF BIRTH  DAY  VEAR  VEAR	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	N	Maryland	U.S.A	WIDOW		9. BALTIMORE CITY OF		F DEATH	MD.
1	C	OLUMBIA	HOWARD	HOSPITAL, NURSING HOME (H) FACILITY, GIVE STREET ADDRESS)  COUNTY 6	ENERAL HOSE	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST		12b. KIND O INDUSTRY	OF BUSINESS OR
1	Me	AL RESIDENCE (IF NURSING HOME OR STATE LTYLAND HOWAY		give residence before admission) 13c. CITY OR TOWN	YES NO		rloo Ro	ad Ba	lto 2122
1	14. FA	Tate unkn	NOWD	LAST	15 MOTHER'S MAIDEN NAM			tas	VT
		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? E WAR OR DATES)	219 12 9369	Mrs Evelyn Ha	armon 6739		o Rd 2	21227
The second second second		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	(b) (b) (b) (c)	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  DITRIBUTING TO DEATH BUT	CEREBRAL				week
1	MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED	216 TIME O	M. MONTH DAY YEAR	21c HOW INJURY OCCURR	200 AUTOPSY?  YES NO NO NOTE:  YED (ENTER NATURE OF INJURE)	YES [	NG CAUSES	NGS USED OF DEATH? NO
	ME	WHILE AT WORK NOT WHILE AT WORK  22e I certify that (I) this hospit sow the decease olive on obove. (I) well did /(Idid not 22h. SIGNATURE  22d PHYSICIAN'S NAME (1286.08)	o) offended the	e deceosed from 19 81 . o otter death.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS 5949	MEDICAL STA DIRECTOR PHYSIC Harpers	lote and hour o	nd from the	
		URIAL, CREMATION, REMOVAL	23b. DATE Dec 11		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	0 2.10 loward,	<i>44</i> Maryla	and STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers Pages 1 and 2 should be fire

should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VRA 15(4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

MPORTANT: If Item 21 is morked or Item 18 shows ony

FOR

	STA	TE O	F M	ARYL	AND	
DEPARTMENT	OF	HEA	LTH	AND	MENTAL	HYGIENI
CE	RT	FIC	ATE	OF	DEATH	

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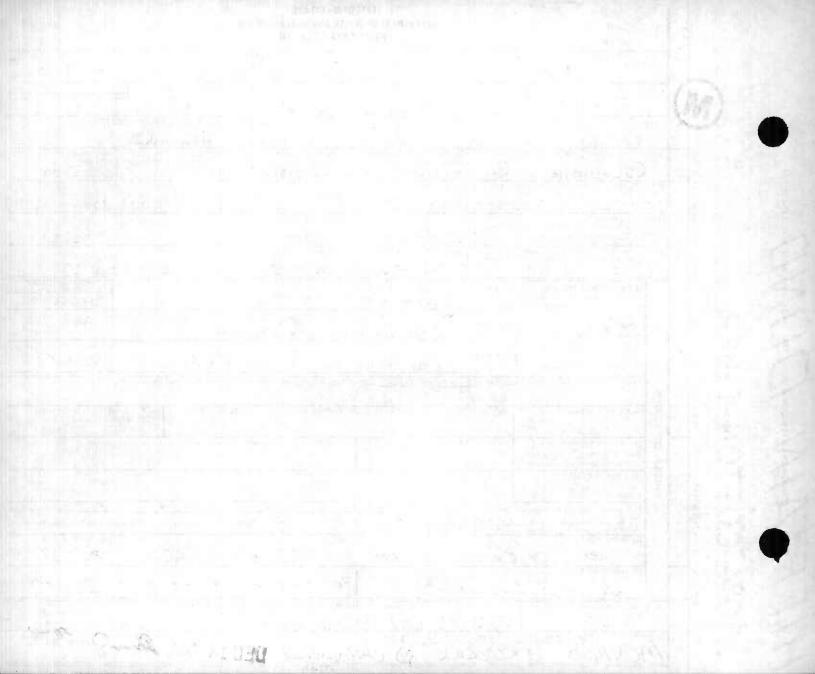
	1 ~	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
			FIRST		MIDDLE	1	LAST	20 DATE OF DEATH		DAY YEAR	2b HOUR	
	fine		James	H	Ε.	Shifflett		December		r 6,198	6,1981 8 P M	
	3 SE>	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	N	Male		White		Apr	il 13, 1916	65	YRS	MONTHS! DAYS	HOURS MIN.	
-	7a B11	RTHPLACE (STATE OF F	James E.  4 RACE White  OR FOREIGN 16. CITIZEN OF WHAT COUNTRY? 8  U. S. A.  DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDITIONS CONTRIBUTION GIVE RESIDENCE BEFORE ADDITIONS CONTRIBUTING TO DEA  WILEY Shifflet  U. S. A.  WARDLE WILEY Shifflet  WILEY Shifflet  WILEY Shifflet  U. S. A.  WARDLE WILEY SHIFT ACTIVE OF TOWN BILLY IN THE STANK OF	8	D NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH				
5		Virginia		U.S.	A.	WIDOWE		Howard Co	unty		PROXIMATE INTERVAL VEER NO IN THE CO.  NO OF BUSINESS OR PROXIMATE INTERVAL VEER ONSET AND DEATH  NO IN THE CO.  NO IN THE CO.  VIRGINITE VIRGINIT	
700	I. DECEASED NAME [TYPE OR PRINT]  3. SEX  Male  70. BIRTHPLACE (STATE COUNTY) VIRGINIA  10. CITY OR TOWN OF  Elkridge  USUAL RESIDENCE (IF 130. STATE  Maryland  114. FATHER'S NAME FRIST  George  160. WAS DECEASED E' (YES NO OR UNKNOWN  NO  18 CAUSE OF DI PART I. DEAT  Conditions, if gove rise to couse iol, st underlying COUNTY  PART 2 OTHER'S  PART 2 OTHER'S  OR CONTRIBUTING (IF EITHER NOTHY)  21d. INJURY OCC WHILE WORL  220. I certify that sow the dec obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the dec Obove, (I) the 22b. SIGNATURE  22c. I certify that SOW the decention Conditions Conditi	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b KIND OF BUSINES				
(		Elkridge					ve.	Engineer	DE WORKING (II	Paper	Paper Mill Co.	
1	130. S	AL RESIDENCE (IF NURS					13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
REGIST  1. DECEASED (IYPE ON PRINT)  3. SEX  Male  7. BIRTHPLAC  10 CITY OR TO  Elkr:  Maryla  14. FATHER'S I  Georg  16. WAS DEC (YES NO OR  NO  18 CAU PAR  Condit gove couse under!  PART 2  190 DAT  190 DAT  190 DAT  21d IN  21d IN  22d PHY  K  230 BURIAL, C (SPEUR  24 FUNERAL  24 FUNERAL  24 FUNERAL		Howa	rd			YES NO	5793 Rai	lroad	Avenue	Avenue		
REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  James  3. SEX  Male  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Virginia  10. CITY OR TOWN OF DEATH  Elkridge  JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE TO THE TOWN OF DEATH  130. STATE  130. STATE  JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTE TOWN OF DEATH  130. STATE  RODLE  George  Wiley  160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse's PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O).  PART 2. OTHER SIGNIFICANT CONDITIONS  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING DROWN HOUR CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. PLACE  WHILE  NOT WH				MIDDLE	LAST 15 MOTHER'S MAIL							
6	Ge	eorge	Wi	ley	Shiffle	tt	Rose		(F. 1)-1	Bell		
					166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	ESS			
					229-01-0	004	Brill Funera	ral Home Elkton, Virginia				
		18 CAUSE OF DEATI	H (Enter or	ly one couse per	line for (0), (b) one	ic a	4	, 0	- 2	APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH	
		PARTI. DEATH WAS CAUSED BY:								500	umithe.	
	11.06											
				( (b)_	(b)							
		couse (a), stoting the DUETO OR AS A CONSEQUENCE OF										
		underlying couse lost (c)										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	NO.											
7	CAI	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDING		
	RTIF							YES NO		ES [		
7						Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		
	CAL					19						
	AEDI					211 LOCATION STREET CIT			ORTOWN COUNTY STATE			
	~	WHILE NOT WHILE										
				100 1		7/2	7 19 81	_, to 2 (	)			
	1	sow the decease above, (I) (world	d olive on		ofter death.	. 01	nd that in (my) ( opinion d	leoth occurred on the d	ote and hou	ur and from the co	ouses stated	
		22h. SIGNATURE	0	V. 1	DEGREE					22c DATES	IGNED	
		ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN   12 7 8								1815		
					1		22e ADDRESS	7				
		Karl F.	Mech	1, Jr.,	м.Б.		3350 Wilke	ns Avenue				
			REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	-411	COUNTY TT		
				10-9-8		it. 0]		McGaheys			rginia	
					ADDRES	.050 3	York Road 250 DATE	REC'D. BY REGISTRAR	25b. RE	RAR'S SIGNATU	JRE 1	
	Ru	ck Towson	Funer	ral Home	, Inc. To	wson	, marytanu	DEC 8 198	1	-me yas	7/43/1/20	

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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STATE OF MARYLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.					
DECEASED NAME FIRST		hura	1	LAST			OAY YEAR	2b HOUR			
1 SEX Female	4 RACE White	Maz a	5. DATE O	of BIRTH mber 16,1892	December 6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	1:20 A			
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	U.S.		MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	RCOUNTY	OF DEATH	M			
Ellicott City	2943	Ebbrood	Drive		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O			OF BUSINESS OF			
	OR OTHER INSTITUTION UNITY	I3t CITY OR TOWN	N	1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 2943 Ebbwo	od Dr:	ive 2	21043			
	ukup	LAST		15. MOTHER'S MAIDEN NAME FIRST Mar	MIDDLE	.n	LAS	Té			
160 WAS DECEASED EVER IN U.S.  [YES NO OR UNKNOWN]  [16 YES.	ARMED FORCES? GIVE WAR OR DATES)	057 14		Mrs Helen Ba	xter 2934 E		d Dr.	21043			
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per ISED BY: IATE CAUSE (o)	line fo (a), (b), his	the			APPROXIMATE INT					
Conditions, if any, which		RASACONSEOUE	NCE OF	to Chondro	educona	6	6 mg				
gove rise to immediate couse (a), stating the underlying couse lost											
PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM! ALDISEASE OR CONDITION GIVEN IN PART 110										
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN				
				M. MONTH DAY YEAR			JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
WHILE NOT WHILE				21f LOCATION STREET	CITY OR TO	COUNTY	STATE				
	22a.1 certify that (1) this hospital) attended the deceased from										
22b. SIGNATUR	The state of the s						12/1	3/81			
224 PHYSICIAN'S NAME (TYP	E OR PRINT)			27e ADDRESS ST A	GNES HOS	P	4 -	1			

23c. NAME OF CEMETERY OR CREMATORY

St Patrick

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detoched with the State Dept. MPORTANT: If frem 21 is morked or

23a. BURIAL, CREMATION, REMOVAL

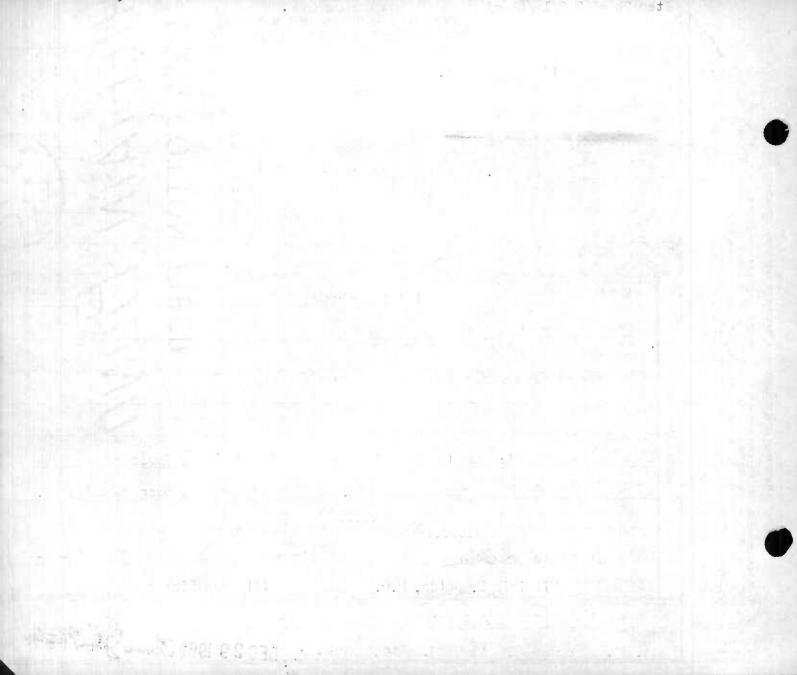
Dec. 17, 1981 HArry H Witzke 4112 Columbia RD Ellicott City

23b. DATE

23d. LOCATION
CITYOR TOWN
Bay Shore, Long Island, N.Y. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAN

1.08:1	Louisiber 13, 1901	373.3	ika upie		
	16,1898 8 8 881,81	Todupovi	soldW	ninno'I	
	Howard County				3
991	one leaders	evini basedal	E-Feet	ulo decoill	
Elora	Rylig Boswood Edgs	grlD decoliff	2 inwo	i brezyzani	
	riosoffor M ev				
Eliais	Helen Bexter 2934 EDUNGOS Dr.	PER 5584 41 760		O	
		Comment			
	Marine Marine				
11/24		20 1 20 23			
ans, IF.Y.		, 19dl st Hurle		1517/6	

A	FOR - STATE	7b g56	57 5/18/		EPARTA	STATE MENT OF HE	OF MAR		HYGIEN	3 1	3 2	2 5 3	0
1.	REGIS			MED		XAMINER		TIFICATE			EG. NO.	W. 11	
	DECEASE TYPE OR PRE		FIRST		WIDDLE		LAST		2	OF EST			2b. HOU
L			Shelia		G.		Thomp			DEATH MAT	ED   12	25 1981	
	SEX	4 RA	- CV 1111	DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS &	YR. IF UNDI		RONOUNCED	MONTH	DAY YEAR	2d HOU
_	Fema		Black	4 8	33	48 YRS.				DEAD	12	25 1981	A. M
70	FOREIGN C			b. CITIZEN OF WHA		TRY? 8.	MARRIED 5	NEVER MAR	RRIED .		CITY OR COUN		
10		nidac		USA PW			IDOWED (	DIVO			rd Coun		MD
	Bal	timor	e /	11. NAME OF HOSP (IF NOT IN SUCH FACE Rt. 40	and	Rogers				OST OF WORKING LI		OR INDUS	IRY
130	UAL RESI	DENCE (IF IN	HIST COUNTY	OTHER INSTITUTION, GIVE	13c CITY	or town timore		INSIDE CITY LIMITS?	13e. STRE	ETADDRESS 20 Cai	rmine 2	Avenue	
	. FATHER	SNAME		WIDDLE	L	AST	15. A	AOTHER'S MAI		MIDDLE		LAST	
	Wil	fred			ilso	n		Glady	S		ernand	ez	
16	(YES, NO.	CEASED EVI	ER IN U.S. ARME	10 00 0 1 TEC)		IAL SECURITY N		NFORMANT			DORESS	00 0	
	No				217-	60-148	2 F	rederi	.ck W.	Johns	son 48	20 Carm	line
Г	18 C	AUSE OF DE	ATH (Enter anly WAS CAUSED 6	ane cause per line f	ar (a), (b),	and (c).)	_ 4					APPROXIMA BETWEEN ONS	E INTERVAL
	1	O15/	IMMEDIATE		Mu	ultiple	Injur	ies					
00	7	8121	1.1	DUE TO, OR A	S A CONS	SEQUENCE OF							
1	- 9	gave rise to	any, which a immediate	(b)									
		ause (a) stati ying cause lo	ing the <u>under</u> -	DUE TO, OR A	S A CONS	SEQUENCE OF							
				(c)									
		OTNER SIGNIFIC	ANT CONDITIONS <u>CO</u>	NTRIBUTING TO DEATH 80	JT NOT RELAT	EO TO THE TERMINAL	DISEASE OR CO	ONOITION GIVEN IN	PART 1 to .				
	19a. [	ATE OF OPE	RATION	19b. CONDITI	ON FOR V	VHICH OPERATI	ON WAS PI	ERFORMED?				20 AUTOPSY	(?
	MEDICAL CERTIFICATION  19a. C  21a E  CON  21d II  WHII											YES XX	NO 🗆
1	21a E	XTERNAL CA		21b. TIME OF			21c. HOW 11	NJURY OCCUR	RED (ENTER N	ATURE OF INJURY IN	ITEM 18 PART 1 OR F		
	UND CON	ERLYING X	XOR CAUSE OF DE	EATH 1:07 KA	MONTH 12	25 19 81	pass	enger	in auto	o/auto	impact		
	214	NJURY OCCU	JRRED	21e. PLACE O	FINJURY	(AT HOME,	If LOCATION						
00	X WHI	ORK AT	WORK XX	STREET, FACTO	oad	C.)	Rt. 4	0 & Roc	ders A	venue. H	oward C	ounty. M	d. STATE
-	2:	a. I certify the	at I taak charge	af the remains desc	ribed abay	-	Autapsy 🛭	), Inspect	tian .	Inquiry .	and in my o		
1	dea	th resulted fro	am: Natura	causes .	Accident >	XXI, Suicid		Hamicide L	Undete	rmined manner	L.,		
	ACTU		Mul	2000				ITLE (SPECIFY)	1	CALEVALANCE	DATE		5-81
1	SIGN	IATURE	Janes				M.D.		MEDI	CAL EXAMINER	SIGN	ED	
	EXAA (TYPE	OR PRINT)	NE V Vir	ginia L.	Dolar	n, M.D.	ADDI	RESS	III P	enn Str	eet		
23	a BURIAL,		, REMOVAL 231			IAME OF CEMET				CATION			
	(SPECIFY)	urial		2/31/81		ing Men				altimo			MD
2	4. FUNERA	AL DIRECTOR			1,1,3	119 1101	.01.10		E REC'D. BY		b. REGISTRARS		Then
	Wm.	C. N	March 1	F/H 11(	)1 E	. Nort	n Ave	. 1	DEC 2	9 1981	Crances,	Jan M	
	AATIF	U . I	TOT CIT 1	/ **					HU W.	0 1001	1 10		



St	1	FOR	Di		E OF MARYLAND IEALTH AND MENTAL HYGI	ENE 8	3 2 3	3 1		
773.	1 -	STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	O.			
		EASED NAME FIRST	illiam MIDDLE R	eed	ASTTrask	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR		
1	3 SEX		4. RACE	5. DATE	Cash	6 AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS		
	3 25 4	Mala	Cour	MONT		J. E	MONTHS DAYS	HOURS MIN.		
1		THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	4.	9 BALTIMORE CITY O	R COUNTY OF DEATH	/		
4	10 (1)	Pennsylvania Y OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOW		12e USUAL OCCUPATION	word	MD		
3/	0	olumbia	HOWard	ve street address)	+ General	(TYPE OF WORK FOR MOST OF Retired Sa	E WORKING LIKE INDUSTRY	ring Su		
100	13a S	md /-	ITY HISC. CITY C	ICE BEFORE ADMISSION) OR TOWN		7080 Cradl	erock Way 2	1044		
0	14 FA	THER'S NAME FIRST George		AST	15 MOTHER'S MAIDEN NAM	MIDDLE	Kofford			
		AS DECEASED EVER IN U.S. AR	WAR OR DATES	AL SECURITY NO.	17. INFORMANT	ADDRE				
		no	271-	01-6999	Mrs. Shirley	Trask, 708				
		18 CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE)  Conditions, if any, which gove rise to immediate cause (a1, stating the		NSEQUENCE OF	TF LUNG		BETWEEN	MATE INTERVAL PASET AND DEATH		
		DITION GIVEN IN PART 100	1)							
	NO.									
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	OF DEATH?		
1	-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MON' P.M.	TH DAY YEAR	2) c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE		
1		22a.1 certify that (I) (this hospit saw the deceosed alive on obove, (I) (me) (did) (did)	121/180	19 0	nd that in (my) (my) opinion di	eoth occurred on the do		thot (I) ( lost		
		Mulina	W/MO	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	220. DATE :	7.81		
1		TAD ADISMA	V		5999 AMPRES	FAMEN PD	OSIMBIA	21094,		
	23a. B	URIAL, CREMATION, REMOVAL PECIFY Burial	236. DATE 12/21/81		EMPTERY OR CREMATORY	Dorsey,	A.A.	nd.		
6	24 FU	NERAL DIRECTOR 5555 T	win Knolls R	d, Colum	21045 250 DATE	REC'D. BY REGISTRAR	25h, REGISTEANS SIGNA	There		

Charles Training The Control of the Talledd ... translation of the Alexander of the Contract o

#18,21b,c,d,e,f.22a, REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) ESTI-DEATH MATED Charles Michael 4. RACE DATE OF BIRTH DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 24RS 60 male white DEAD 1981 2:AM BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Howard County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Elkridge Montgomery Road n/a - I95 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS 13. STREET Applar Avenue 21227 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anne harles Woodland Roberts 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO (YES, NO, OF UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-90-2161 Charles L. Woodland 1318 Poplar Ave. n/a 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ORD "PENDING" IN PENCIL INTEN IS CHIEF MEDICAL EXAMINER ALOAD WE USED AS A BURIAL - REMIT TO FHEATH AND MENTAL HOSINE NURAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE WITHOUT THE CENTRIFICATE, WRITINGS THE WORD "PROCE A SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 2: \_ PM 12 Driver in auto/fixed object collision CONTRIBUTING TO CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. Montgomery & I-95, Elkridge, Howard Co., Md. roadway 220 I certify that I took charge of the remains described above, held an and in my opinian death resulted from: Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant DATE 12/6/81 SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto.MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Baltimore Md. Loudon Park Lemetery Baltinmore BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STENATURE **DHMH-17** Ambrose Tuneral Home, Snc. 1328 Sulphyer Spring (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND

